



# ATWELL PLAYCLUB CREDIT CARD AUTHORIZATION FORM

NAME OF CHILD: \_\_\_\_\_

Term / Year: \_\_\_\_\_

NAME OF CARDHOLDER: \_\_\_\_\_

ADDRESS OF CARDHOLDER:

HOUSE NO: \_\_\_\_\_ STREET: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**CREDIT CARD DETAILS**

PAYMENT AMOUNT: \$ \_\_\_\_\_

CARD Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EXPIRY DATE: \_\_\_\_ / \_\_\_\_      CARD TYPE: Mastercard       Visa

CREDIT CARD SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_