



**DISCOVERY PLAY**

### Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.  
This authorization will remain in effect until cancelled.

**\*CLIENT NAME:** \_\_\_\_\_

Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX			
<input type="checkbox"/> Other _____			
_____			
Card Number: _____			
Expiration Date (mm/yy): _____		CVV Code: _____	
Cardholder ZIP Code (from credit card billing address): _____			

I, \_\_\_\_\_, authorize Discovery Play to charge my credit card for agreed upon purchases. I understand that my information will be saved to file for future transaction on my account.

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_