## Camp Nock-A-Mixon Credit Card Authorization Form

Please complete all fields.

Credit Card Information				
Card Type:	□ MasterCard	□VISA	Discover	□ AMEX
	□Other			
Cardholder Name (as shown on card):				
Card Number:				
Expiration Date (mm/yy):				
Billing Address:				

□ I authorize Camp Nock-A-Mixon to charge the above credit card for the deposit for the 2023 Camp season, and on the installment dates of 12/1/2022, 2/15/2023 and 5/1/2023 to complete the remaining balance. I understand there will be a 4% processing fee added to my invoice for all charges.

□ I authorize Camp Nock-A-Mixon to charge the above credit card for the deposit for the 2023 Camp season only. All other payments will be made by check. I understand there will be a 4% processing fee for this charge.

Card Holder Signature

Date

Please return this form via mail or email.

Mailing Address: 450 Mallard Circle Blue Bell, Pa 19422

Email: Jay@campnockamixon.com