

# Credit Card Authorization Form

FERNBANK SCIENCE CENTER



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

Credit Card Information Card Type:  MasterCard       VISA       Discover  
 AMEX

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_

**Camper's Name(s):** \_\_\_\_\_

I, \_\_\_\_\_, authorize Fernbank Science Center, to charge my credit card, \$\_\_\_\_\_, for the Lockheed Martin Aviation Camp Registration. I understand that my information will not be saved for any future transactions on my account.

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

\_\_\_\_\_  
Date