

Credit Card Authorization Form

Church Name: _____

Church Address: _____

Your Name: _____

You will not be charge unless:

Damage is done to the Camp Facilities. Please take Responsibility and look over each of your rooms before you leave to insure no false charges.

Credit Card Information

Visa MasterCard

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____

Billing Address: _____

(Address where monthly credit card statements are received)

Phone Number: _____

(Associated with credit card)

**** Locations are Crown Reef Resort and Fruitland Baptist Bible Institute****

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Camp Locations to charge my credit card, for the telephone services, Damage to our assigned rooms that were provided. Locations and TGN will provide me with an itemized statement detailing all of my charges if any. I further agree that in the event my credit card becomes invalid, I will provide Locations or TGN with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to Locations.

Signature: _____

Printed Name: _____

Date: _____