

Play Centers, Inc. / Play and Learn

"Your First Choice for Quality Child Care" in Anne Arundel County, Baltimore City, and Baltimore County



1-TIME PAYMENT BY CREDIT CARD

	TO	TO BE COMPLETED BY PARENT			
Date:/	/	Contact P	·		
Type of Credit Car	d: VISA	MASTERCARD	DISCOVER	AMEX	(Circle one.)
Credit Card Numb	er:				
Name as it Appear	s on Card:	:	(Please print.)		
Expiration Date: _					
CID Number:(For VISA/MasterC	ard/Discov	— er, the last 3 digits o AMEX, the 4 digits a			n the signature line
Please provide the	Billing Ac	dress for the cred	it card provide	d:	
		State			Zip Code:
City:			9:	<u> </u>	Zip Code
Amount to Charge What is the Amount		_ ·			
Child/Children's N	ame(s):				
Signature:					
	тс	D BE COMPLETE	D BY STAFF		
Employee's First 8	Last Nar	ne:			
			(Please prir	nt.)	
This information w ☐ By Te	•	ed: □ By Fax □ In F	Person <i>(Please</i>	check	only one.)
		TO BE COMPLE	TED BY AR		
Credit Card Batc		Date Posted to Ac		/	Initials: