



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

PLEASE PROVIDE A COPY OF THE CARDHOLDER'S IDENTIFICATION

Reason for Payment:

<input type="checkbox"/> General Admission	<input type="checkbox"/> ClassROAM Field Trip	<input type="checkbox"/> Birthday Party Booking
<input type="checkbox"/> Donation	<input type="checkbox"/> Virtual Field Trip	<input type="checkbox"/> Photo/Video Booking
<input type="checkbox"/> Private Tour	<input type="checkbox"/> Animal Crew to You	<input type="checkbox"/> Private Event Booking
<input type="checkbox"/> Membership/Adoption	<input type="checkbox"/> Other/Special Event:	

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ AmexCredit ___ Discover

Card Number: _____

Amount to Charge: \$ _____
BSD

Please provide a phone number for us to call to verify expiration date and Card CVV number: _____

I authorize **Ardastra Gardens & Wildlife Conservation Centre** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Signed: _____

Dated: _____

Name: _____

Please send the completed form along with a copy of the cardholder's identification to admin@ardastra.com