

Camp Mill Pond Credit Card Authorization Form

Name of Guest: _____

Reservation Date: _____

Type of Card - AMEX - Discover - MasterCard - Visa

Cardholder Name: _____

Credit Card Number: _____ - _____ - _____

Expiration Date: _____ Security Code (3 Digits) _____

Billing Address: _____

Cardholder's Signature _____

Email form to: info@campmillpond.com

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined on campmillpond.com. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

