

LAZY RIVER
CREDIT CARD AUTHORIZATION

WRITABLE PDF or PLEASE PRINT, WRITE BOLD & CLEAR

CREDIT CARD AUTHORIZATION

NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY TIME
TELEPHONE: _____

E-MAIL - _____

CIRCLE ONE

VISA MASTERCARD _ - Sorry No AMEX or DISCOVER

ACCOUNT NUMBER: _____

Security Code (last 3 digits on back of card) ___ ___ ___

EXPIRATION DATE _____

AMOUNT: \$ _____ *Non Refundable*

SIGNATURE: _____

RETURN TO SECURE FAX: 732 249-8028

** Will be confirmed by email upon receipt*