

**BERKELEY HEIGHTS COMMUNITY POOL
CREDIT CARD PROCESSING FORM**

PLEASE PRINT CLEARLY

Family Name: _____

Name on Credit Card: _____

Address: _____

City: _____ **Zip Code:** _____

Phone Number: _____

Email Address: _____

Card Type (check one): Visa _____ MC _____ AmEx _____ Disc _____

Credit Card #: _____

Expiration Date: _____ **Security Code (on back of card):** _____

Total to be charged (from BHCP Application): \$ _____

Signature _____

*****Information on this form will not be saved. If at any time during the season you wish to use a credit card again, you will be asked to provide the credit card.***