



540-542 Union Ave., Belleville, NJ 07109
Office: 973.759.2223 Fax: 973.759.2292

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION FORM

If you would like the convenience of automatic billing, simply complete all sections below and sign. All requested information is required in order to process your application. We will automatically bill your credit card for the amount indicated, and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Parent Information (required)

Parent's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-Mail Address: _____

Payment Information (required)

I authorize Big Smiles Learning and Care to automatically bill the card listed below as specified:

Amount: \$ _____

Frequency (check only one option): Weekly (Every Tuesday)
 Monthly (1st of each month)

Begin billing on (first payment): ___/___/___ End billing on (final payment): ___/___/___

Credit Card Information (required)

Credit card type: Visa MasterCard Discover

Credit card number: _____

Expiration: ____/____

Security Code: _____

Cardholder's name: _____

Cardholder's Zip Code (required): _____ (as it appears on credit card)

Customer's signature: _____ Date: _____

Completed form may be faxed to (973) 759-2292