CREDIT CARD AUTHORIZATION FORM

Family Name:		**Today's Date:**	
Card Holder's Name: ***(As it appears on the card)***			
Credit Card Number:			
Billing Address where the card is issued			
Three Digit Security code on the back of your card:			
Expiration Date:			
❒ **VISA** ❒ **MASTERCARD**			

I, _____ **, give authorization to Smilow Family Retreats, Inc.**
(Your Name)
to charge my credit card account given above for the following payments.

Please indicate the payment amounts below

Item or Service Description	Amount
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
TOTAL AMOUNT:	**$**

By signing below, cardholder acknowledges receipt of services described above in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

Cardholder's Signature: X _____

PLEASE SIGN AND FAX THIS FORM TO SMILOW FAMILY
305-718-0669