



LANDMARK PARK DISCOVERY BOX

CREDIT CARD AUTHORIZATION FORM

Today's Date: _____ Rental Period: _____

Discovery Box Name: _____

Cardholder Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (hm) _____ (wk) _____ (cell) _____

Email: _____

The above cardholder authorizes Landmark Park to charge the following to the credit card listed below:

- Late fees at the rate of \$10 a day/box. After 14 days, a replacement fee of \$250/box will be charged/
- A \$50 damage fee for any damaged or missing items.

Type of Credit Card: (circle one) VISA MasterCard American Express

Credit Card #: _____

Exp. Date: _____ Name on Card: _____

Authorized Signature: _____