

Credit Card Authorization Form

To submit payment by credit card and complete your facility reservation, please fax this form to 952-442-0692, Attn: Amanda Johnson or email completed form to ajohnson@waconia.org



Safari Island Community Center
1600 Community Drive
Waconia, MN 55387
Phone: 952-442-0695
Fax: 952-442-0692
www.safariislandcommunitycenter.com

Name:

Billing Address:

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City:

State:

Zip:

Phone:

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Type of Card (please check one):

- Visa
 MasterCard
 American Express
 Discover

Card Holder Name:

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Card Number:

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Expiration Date:

	3 digit code on back of card	
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Description of Charge:

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Amount Charged:

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I hereby authorize Safari Island Community Center to charge the above named fees to my account.

Signature:

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Date:

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Note: Card will immediately be charged when processed. Information will be shredded.