

Brighter Horizons Services Inc
PO Box 848185
Pembroke Pines, FL 33084

Credit Card Authorization Form

I, _____, authorize Brighter Horizons Services, Inc..

To charge the following credit card in the amount of \$_____.

Charge: () Mastercard () Visa () Discover

Card # _____

Expiration Date: _____ Security code _____

Card Holder Name: _____

Company Name (if applicable) _____

Address _____

Zip Code _____

Phone _____ Fax _____

Signature _____

Date _____