

KIDS FIRST Swim Schools Cherry Hill

1900 Greentree Rd
Cherry Hill, NJ 08003
856-751-5437

Name:

Amount:

Type of Card:

- Mastercard
- Visa
- Discover
- American Express

Credit Card Number:

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Expiration Date: _____ Security Code (CVV): _____

Name on Card (please print):

Phone Number:

Billing Address:

Comments:

By signing this form, you are agreeing to our automatic monthly billing cycle that that begins when you sign this document; billing will happen the 2nd of every month.

If you wish to discontinue this service, please feel free to contact us at 856-751-5437.

Signature: _____ Date: _____