



Credit Card Payment Form

3600 West Sample Road, Coconut Creek, FL 33073

Phone: (954) 977-4434 • Fax: (954) 977-4501

Email: groups@butterflyworld.com

Today's Date: _____ Date of Scheduled Visit: _____

Group Name: _____

Your Name: _____ Position: _____

Credit Card Billing Address: _____

City: _____

State: _____ Zip: _____

Daytime Phone: (_____) _____ Fax: (_____) _____

Email: _____

Please charge my: VISA MASTERCARD AMERICAN EXPRESS

ACCOUNT NUMBER:

_____-_____-_____-_____- / ____-____-_____-_____- / ____-____-_____-_____- / ____-____-_____-_____-

EXPIRATION DATE: _____ / _____

GROUP NAME/NAME ON CARD: _____

I AUTHORIZE (PRINT NAME) _____ TO SIGN FOR THIS CHARGE ON THE DAY OF VISIT.

SIGNATURE: _____

Group Leader will receive receipt on day of your visit.

Please note: • Admissions are not charged until the day of your visit, after the final head count.

• Lunch orders are charged two days prior to your visit. No refunds on lunch orders.

Admission Lunch Order Other _____

Notes: _____

Please complete form and fax to: 954-977-4501