



Go Kids, Inc.
 885 Moro Dr.
 Gilroy, CA. 95020
 Ph: (408) 843-9000 Fax: (408) 843-9011

GO KIDS Credit Card Authorization

Acct# _____ Date _____ Change of Account
 Initial Set Up
 Cancellation

Name _____ Effective Date _____

BILLING INFORMATION

Address: _____
 City: _____ State ____ Zip Code _____
 Phone # _____

MC Expiration Date _____
 VS Card # _____

Payment Due per your agreement or contract

Other Fees-Late Pick-up, Vacation days, Transportation, Registration, and/or Activity \$ _____

(Child's name) _____

At (center name) _____

 Signature

Credit card charges will be on the 3rd business day of the month. Cancellations must be received in writing at least 5 business day prior to the charge.

FOR OFFICE USE ONLY					
Acct# _____	Contract Date: _____				
<input type="checkbox"/> Jan	<input type="checkbox"/> Mar	<input type="checkbox"/> May	<input type="checkbox"/> July	<input type="checkbox"/> Sep	<input type="checkbox"/> Nov
<input type="checkbox"/> Feb	<input type="checkbox"/> Apr	<input type="checkbox"/> June	<input type="checkbox"/> Aug	<input type="checkbox"/> Oct	<input type="checkbox"/> Dec