

Credit Card Authorization

FOR OFFICIAL USE ONLY

Customer ID:

Invoice Number:

Card Holder Name: _____.

Billing Address:

_____.

Phone: _____.

E-mail: _____.

Billing Address is same as home address, see page 1.

Payment Type: Credit Card Debit Card

Accepted Methods: American Express Discover MasterCard Visa

Card Number: _____.

Expiration Date: _____ . (mmyy)

CVV: _____.

The Student declines automatic payments, therefore understands and agrees to fees that are associated with Other Payment Options. See page 1.

Other Payment Options: Cash Check

Receipt request: Printed Copy E-mailed Copy None

I, _____, authorize Alpha Brazilian Jiu-Jitsu to charge the card listed above on the same day each month according to the Students start date stated on page 1.

Student/Parent/Guardian

Alpha Brazilian Jiu-Jitsu

Print: _____

Print: _____

Signature: _____

Signature: _____

Date: _____

Date: _____