



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

City / State / Zip Code: _____

Credit Card Type: Visa _____ MasterCard _____ Discover _____

Credit Card Number: _____

Expiration Date: _____ CVC: _____ (last 3 digits located on the back of the credit card)

ONE Time Charge: Amount to Charge: \$ _____ (USD)

RECURRING Monthly Charges: (1st of each month) Amount to Charge: \$ _____ (USD)

I authorize **Jay Rock's Gym** to charge the amount listed above to the credit card provided herein. I agree to pay the above amount in accordance with the issuing bank cardholder agreement. If Choosing "Recurring Payments" I understand I must give a 30 day written notice in order for these charges to be suspended.

Cardholder – Please Sign and Date

Signature: _____ Date: _____

Print Name: _____