

ZENITH ELITE GYMNASTICS ACADEMY, LLC.

MASTER CARD - VISA - DISCOVERY - AMEX CHARGE CREDIT CARD AUTHORIZATION FORM

1 METHOD OF PAYMENT: MASTERCARD () VISA () DISCOVERY () AMEX ()

FIRST, MIDDLE & LAST NAME UNDER WHICH CARD IS ISSUED:

CREDIT CARD BILLING ADDRESS:

BILLING CITY / STATE / ZIP:

CREDIT CARD NUMBER:

CARD EXPIRATION DATE: MM / YY _____ / _____

V-CODE: ____ _
(last 3 digits on back of card)

BUSINESS NAME (If Business Credit Card):

BUSINESS ADDRESS:

CITY/STATE/ZIP:

2 Other authorized card users: _____

3 Student(s) First, Middle and Last Name: _____

4 I authorize Zenith Elite Gymnastics Academy, LLC to use the above described charge/credit card as my chosen method of payment toward classes tuition, private lessons, or purchase of services or products at Zenith Elite Gymnastics Academy. I agree to abide by the rules and regulations as described by the credit card provider, and guarantee payment be made by the provider to Zenith Elite Gymnastics Academy, LLC without question. **The term of this authorization shall be continuous, unless as restricted or withdrawn by 30 days advance written notice to Zenith Elite Gymnastics Academy, LLC by me as the cardholder.**

5 Signature of Cardholder: _____ Print Name: _____ Date Signed: _____ / _____ / _____

Ph #: _____ Alt. Ph #: _____

