

ZENITH ELITE GYMNASTICS ACADEMY, LLC.

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

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

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

CREDIT CARD **BILLING** ADDRESS:

CREDIT CARD **BILLING** CITY / STATE / ZIP:

CREDIT CARD NUMBER:

CARD EXP. DATE: MM / YY _____ / _____

SECURITY CODE: ____ _

(VISA, MC or DISC: last 3 digits on back of card)
(AMEX: 4 digits on front of card, top right of CC #)

BUSINESS NAME (If Business Credit Card):

BUSINESS ADDRESS:

CITY/STATE/ZIP:

2 Student(s):

First Name: _____ Mid.: _____ Last Name: _____

First Name: _____ Mid.: _____ Last Name: _____

First Name: _____ Mid.: _____ Last Name: _____

First Name: _____ Mid.: _____ Last Name: _____

3 Other auth. card users: First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

4 By my signature below I authorize Zenith Elite Gymnastics Academy (ZEGA) to use the above described credit card as my chosen method of payment toward classes tuition, private lessons, or purchase of services or products at ZEGA. I agree with ZEGA rules and regulations, and guarantee payment be made to Zenith Elite Gymnastics Academy, LLC. **The term of this authorization shall be continuous, unless as restricted or withdrawn by 30 days advance written notice by me as the cardholder.** The 30 days written notification must be received by the front office, not by the coach. It is not sufficient to verbally give your 30-day notice. See the Zenith Rules & Policies for more information.

Signature of Cardholder:

Printed Name:

Date Signed:

_____/_____/_____

Ph #: _____ **Alt. Ph #:** _____

