

Titans Martial Arts Academy

“Dedicated to Black Belt Excellence”

CREDIT CARD AUTHORIZATION FORM

<u>Extension ()</u> <u>Renewal ()</u>		Billing-Direct
Student Last Name _____	First Name _____	
Cosigner Last Name _____	First Name _____	
Address _____		
City _____	Prov./State	FL
Postal/Zip Code _____		
Home Phone _____	Work Phone _____	
Contract Dated _____		

Payment Information

Down Payment \$ 0.00	Amount Financed \$0.00	Service Charge \$ 0.00
Numbers Of Payments ONGOING TIL CUSTOMER GIVES A ONE OR TWO WEEK WRITTEN NOTICE	Payment Amount \$ _____	Payment Starts _____

Credit Card Payment Authorization

I Authorize **Titans Martial Arts Academy** to deduct payments of \$ _____ on _____ and weekly/bi-weekly thereafter.

Credit Card Number _____ Expiry Date _____

Signature _____

Renewal Replacement Information

<p>() This Contract REPLACES Account Number _____ With Titans Martial Arts Academy The Last Month That Titans Martial Arts Academy .Should Collect On the Existing Contract is _____.</p>	<p>() This Renewal DOES NOT Affect The Existing Agreement With Titans Martial Arts Academy The First Payment of This Agreement Is Due the Month After the Existing Agreement Has Expired.</p>
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