

Titans Martial Arts Academy

“Dedicated to Black Belt Excellence”

CREDIT CARD AUTHORIZATION FORM

<input type="checkbox"/> <u>Extension</u> <input type="checkbox"/> <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			
() 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 _____.		() 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.	