



1926 N. 4th Street, Suite 7, Flagstaff, AZ 86004  
928-526-5934  
www.summitgymnasticsacademy.com

### CREDIT CARD CHARGE AUTHORIZATION Please Print Clearly

\*Bottom portion will be entered in computer system, cut, and then shredded.  
SGA will file the top portion for our records.

**PLEASE CIRCLE**

MC VISA DISCOVER

**PAYMENT DATE:**

1<sup>st</sup> OF MONTH 15<sup>th</sup> OF MONTH INCIDENTAL

STUDENT NAME(S) \_\_\_\_\_

Class Name \_\_\_\_\_

\_\_\_\_\_

Class Name \_\_\_\_\_

BEST EMAIL \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

**CREDIT CARD CHARGE AUTHORIZATION**

I AUTHORIZE SUMMIT GYMNASTICS ACADEMY TO CHARGE THE CREDIT CARD ON FILE FOR MONTHLY TUITION AND ANY ADDITIONAL FEES (ANNUAL REGISTRATION, LATE FEES, RETURN FEES, AND MERCHANDISE DUE) ON THE 1<sup>st</sup> OR 15<sup>th</sup> OF THE MONTH. ALL CREDIT CARDS RETURNED FOR NON-PAYMENT FOR ANY REASON WILL RESULT IN A \$15 SERVICE CHARGE APPLIED TO THE ACCOUNT.

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_

FOR OFFICE USE ONLY:

-----  
CARD HOLDER NAME \_\_\_\_\_

CC# \_\_\_\_\_ EXPIRATION \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ City \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_