

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.

This authorization will remain in effect until canceled.

Student Name: _____

Credit Card Information		
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover		
Cardholder Name (as shown on card): _____		
Card Number: _____		
Expiration Date (mm/yy): _____		
CVV/CVC code: _____		
Credit Card Billing Address: _____ (Street)		
_____	_____	_____
(City)	(State)	(Zip)

I, _____, authorize JAX Gym and/or Huff 'n Puff to charge my credit card above for agreed upon purchases, including, but not limited to, tuition, meet and coaches fees (plus 4%) if the fees are not paid by the due dates, and ProShop items. I further understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date