CREDIT CARD AUTHORIZATION FORM

COMPLETION OF THIS AUTHORIZATION VIA PHONE, INTERNET, POST MAIL, OR IN PERSON AUTHROIZES THE USE OF MY CREDIT CARD BY JAZZERCISE. **(PLEASE PRINT/WRITE CLEARLY)**

CUSTOMER NAME: _____

Cardholder Name: _____ (if different from above)

Signature, if applicable: _____

Date: _____ Other Notes: _____

Billing Address: _____

_____

Credit Card Type:

_____ VISA _____ MASTERCARD ____ DISCOVER _____ AMERICAN EXPRESS

Credit Card Number:

_____ - _____ - _____ - _____

Expiration Date:

_____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount Charged: $ _____ (USD)

Purpose: _____Walk-in _____ Start Up Fees (classes/joining fee) _____ Other: _____

CITY OF GRIMES

jazzercise®