Payment Authorization

Complete EVERY Section

Date _____ Day _____ Employee _____

Credit Card

__ Master Card __ Visa __ Discover __ American Express

Card Number _____ Expiration Date _____

Name on Card (print) _____ CV# _____ ZIP _____

Authorized By (sign) _____

I understand that if my card information changes it is MY responsibility to inform Del Martial Arts BEFORE any payments are due to process. Failure to do so may create a "BOUNCE FEE" of $25.00 which will be charged to my account.

INITIAL _____

I understand that Del Martial Arts will appear on my credit card statement.

Notes:

You MUST hand this to a Del Martial Arts LLC representative. DO NOT mail, fax, or attach to an e-mail as this is sensitive information.

PRINT LEGIBLY PLEASE!