



GRACIE JIU-JITSU FREDERICKSBURG

PAYMENT AUTHORIZATION FOR GRACIE JIU-JITSU FREDERICKSBURG FEES

NAME: _____

EMAIL: _____

ADDRESS (as it appears on your card):

_____ Street Address

_____ City

_____ State

_____ Zip Code

TELEPHONE NUMBER: _____

FEES: MONTHLY ANNUALLY (1 month free)

CASH: _____

CREDIT CARD TYPE: MC VISA AMEX DISC

ACCOUNT NUMBER: _____

CREDIT CARD EXPIRATION DATE: _____ SECURITY CODE: _____

NAME (as it appears on your card): _____

I authorize a charge on my credit card for any and all amounts owed by me to Gracie Jiu-Jitsu Fredericksburg pursuant to the terms of the Agreement I endorsed and have on file with Gracie Jiu-Jitsu Fredericksburg.

SIGNATURE: _____

TODAY'S DATE: _____, 20_____