Jennie's Chesapeake Gymnastics Club



CREDIT CARD AUTHORIZATION FORM

I,, hereby authorize Jennie's Chesapeake
Gymnastics Club to charge my credit card account the amount not to exceed \$
() Visa Mastercard () American Express () Discover ()
Credit Card Number:
Expiration Date:/
Credit Card Billing Address:
Street:
City: State:
Zip Code: Country: (if not US)
Telephone Number: ()
By signing this authorization form, you are agreeing to our payment terms and policies.
All payments and/or deposits made towards an event that have been cancelled or
rescheduled are non-refundable and will be applied towards your rescheduled event or
next event within one year of the initial contracted event date. This form will be kept on file and used monthly for payments owed. *There is a 3.99% convenience fee
charged for all transactions!
onal god for all transaction
Cardholder's Signature & Date

Jennie's Chesapeake Gymnastics Club 871 Keith Lane - Unit 2 Owings, Md. 20736 410-286-2646

Your completion of this authorization form helps us to protect you, our valued customers from credit card fraud. Jennie's Chesapeake Gymnastics Club, will keep all information entered on this form strictly confidential.