



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize All Star Academy to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize All Star Academy to charge my credit card account indicated below for \$ _____ on or after (Date) _____. This payment is for (description of goods/services) _____

Billing Address _____
City, State, Zip _____

Phone# _____ Email _____

Account Type: Visa MasterCard Discover Amex (circle One)
Name _____ (As it is on the card)
Account Number _____
Expiration Date _____ Billing zip code _____ CVV # _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/ services described above, for the amount indicated above, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. Statements on your credit card statement may appear as ASA EXTREME .

11431 Clear Creek Dr. Pensacola, FL 32514 (Temporary Address)

(251) 236-7661 www.asaextreme.com