



## AMERICAN WARRIOR WRESTLING

2909 Mansfield Blvd.  
Wesley Chapel, Florida 33543  
Office 813-365-1163  
www.AmericanWarriorWrestling.com

### CREDIT CARD PROCESSING

Schedule your payments to be automatically charged to you credit card. Just complete and sign this form to get started.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard American Express or Discover Card. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior notification will be provided if the total payment is under \$250.00. If your bill is more than the preauthorized amount, or the payment date changes, you will receive a notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I \_\_\_\_\_ authorize AMERICAN WARRIOR WRESTLING to

charge my credit card indicated below on the (date) \_\_\_\_\_

of each month for payment of my wrestling team membership fees/dues/clinics or camps as

authorized. I understand that I will only receive advance notice of the charge if it exceeds

\$250.00. Billing address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Account Type:     Visa         Master Card         Amex         Discover

Card Holder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV (3 digit number on back Visa/MC, 4 digit on front of AMEX) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I authorize American Warrior Wrestling and its authorized agents to charge the credit card indicated in this authorization form according to the terms outlined above. If the noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing and I agree to notify the business in writing of any changes to my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am the authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond with the terms indicated with this authorization form