

BODYWORKS BY KATHY

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408-273-2963

Authorization to Keep Your Credit Card On File

PRINT AND COMPLETE THIS AUTHORIZATION.

All information will remain confidential

Name on Card: _____

Billing Address: _____

Phone Number _____

Email Address _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

I authorize Kathy Lambert/Bodyworks to automatically charge my credit card on file for my monthly recurring training fees. I agree to give Kathy Lambert a 30-day written cancellation notice prior to canceling.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Please return the completed form to fitkat@scbodyworks.com