

# BODYWORKS BY KAT

FITKAT@SCBODYWORKS.COM

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 Kathryn Lambert/Bodyworks by Kat 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**

Print Name: \_\_\_\_\_

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

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

*Please return the completed form to [fitkat@scbodyworks.com](mailto:fitkat@scbodyworks.com)*