

## Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential and secure

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Zip Code \_\_\_\_\_

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)

Amount to Charge: \$ \_\_\_\_\_ (USD) (there will be a card processing fee of 2.75%)

I authorize **Family Christian Karate, LLC** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Check box and initial, if you would prefer to have your Credit Card Information saved for future transactions by Family Christian Karate, LLC. If you check the box you will be notified by email prior to your card being run for any future transactions.

Initials agreeing to above statement \_\_\_\_\_

Cardholder – Please Sign and Date

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

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

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

E-mail Address: \_\_\_\_\_

**Return the completed and signed form to the following:**

[familychristiankaratellc@yahoo.com](mailto:familychristiankaratellc@yahoo.com)

or

Family Christian Karate, LLC

Attn: Christopher Giorgio

901 Treeridge Pkwy

Alpharetta, GA. 30022