

Credit Card/Electronic Check Authorization Form



Season Pass

\$199 an athlete = Unlimited Competitions from November 2009 to May 2010 !!!

35 Fairmount Avenue Laurel Springs NJ 08021
In Canada: 856-783-7611 Fax: 856-679-0408

Event Name Or Service Rendered

Name: _____ Date: _____

Address

City

State

Zip Code

Gym

Cell

Fax

Name as it appears on Credit Card

Card Number: _____

Circle Type: **Visa** **Master Card** **American Express** **Check**

Expiration Date: _____ Security Code: _____ Check # _____

Amount Due: _____

5% Processing Fee: _____

Total Charge: _____

I, _____ Agree to the following Charges. _____

Card Hold Signature

Date