

CREDIT CARD AUTHORIZATION FORM

LA SCHOOL OF GYMNASTICS.....SINCE 1975



- Print form. Complete and sign form. Any questions call 310-204-1980.
- Include photocopy of credit card (front and back). Copier to light setting or image will fax to dark.
- Include copy of cardholder's drivers license.
- FAX to (310) 204-6864

Class No.	

Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
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Credit Card Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																			

Expiration Date	
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CID (card id #)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																			

Last 3 digit number on the back of your card

BILLING ADDRESS	
Cardholder Name	
Company	
Address	
Address	
City/State/Zip	
Telephone	

AUTHORIZATION TO CHARGE CREDIT CARD

I, _____, hereby authorize LA School of Gymnastics to charge my credit card account in the amount of \$_____



X _____ Date: _____

Print Name: _____

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