

EC ATHLETICS

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information (To be completed by merchant)

Customer name:

Customer account number:

Phone:

_____ - _____ - _____

Payment Information (To be completed by merchant)

I authorize EC ATHLETICS to automatically bill the card listed below as specified:

Amount: \$ _____

Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Quarterly Semi-Annually Annually (Check only one)

Start billing on: ____ / ____ / ____

End billing when: Contract expires: ____ / ____ / ____

Customer provides written cancellation

Credit Card Information (To be completed by customer)

EC ATHLETICS accepts the following credit cards: **Visa, MasterCard, Discover**

Credit card type:

Credit card number:

Expires:

_____ / _____

Cardholder's name:

Cardholder's Zip code (required):

(as shown on credit card)

(from credit card billing address)

Customer's signature:

Date:
