

**Damar Gymnastics, Inc.  
Credit Card Authorization**

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**Student Name**

**CUSTOMER CREDIT CARD INFORMATION**

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Customer Name (as it appears on the card)

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Billing Address (for the card)

City, State

Zip

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Card Number

VCS (3 digit # on card)

Exp. Date

Card Type (circle one)

Visa

Mastercard

**Payment Authorization**

I hereby authorize Damar Gymnastics, Inc. to charge the above listed card according to the terms stated herein. I understand and accept that payment for services to Damar Gymnastics, Inc. is due on or before the first class/practice of each month while enrolled in the program. If payment is not received at the offices of Damar Gymnastics, Inc. by the 15<sup>th</sup> day of each month, the terms of the Payment Authorization shall be executed. The above listed card shall be charged for the monthly service in addition to a \$2.00 administrative fee. Enrollment in the program is assumed to be ongoing and uninterrupted on a monthly basis until the office of Damar Gymnastics is notified in writing of termination/cancellation.

I understand that services may be denied or interrupted by Damar Gymnastics, Inc. due to refusal or denial of charges made on this account for any reason.

I represent and warrant that I am authorized to execute this payment authorization for the purposes of security services provided by the Damar Gymnastics, Inc.

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Authorized Customer Signature

Date