



Credit Card Authorization

Credit Card Information:			
Credit Card Type			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card #	Exp. Date	Total Amount	
	/ /	\$	
Billing Name (as printed on the card)			
Billing Street Address			
Billing City	Billing State	Billing Zip Code	
E-mail (for purposes of receipt)			
Client Name	Trainer Name		
<i>Amendment to Contract:</i>			
<p>I hereby authorize Elite Athlete Training Systems, Inc. to initiate a credit/debit entry to my credit card account indicated above. In the event a credit is made to my account in error, I authorize Elite Athlete Training Systems, Inc. to make a correcting entry under the condition that I am notified of the adjustment.</p>			
<p><input type="checkbox"/> By checking the box to the left, I also authorize Elite Athlete Training Systems, Inc. to charge accordingly, future purchases to my credit card above. This authorization is to remain in full force and effect until Elite Athlete Training Systems Inc., has received written notification from me on its termination in such time and in such a manner as to afford Elite Athlete Training Systems Inc., a reasonable opportunity for action.</p>			

Name (Please Print)

Signature

Date