



Credit Card Authorization Form

CREDIT CARD INFORMATION

CREDIT CARD TYPE (circle):			
VISA	MASTERCARD	AMX	DISCOVER
CREDIT CARD #	EXP DATE	SEC CODE	AUTHORIZED
	/ /		\$
BILLING NAME (as printed on card)			
BILLING STREET ADDRESS			
BILLING CITY	BILLING STATE	BILLING ZIP CODE	
EMAIL (for purposes of receipt)			
CLIENT NAME	TRAINER NAME		

I hereby authorize Elite Athlete Trainers Corporation, LLC (E.A.T.S) to initiate charges to my credit card listed above for training services received by me or _____ (client initials)

Before charging my card, E.A.T.S will email an invoice to _____ detailing the dates that the training services was provided. I agree to dispute these charges within 5 days from the day the email was sent. Any disputes should be addressed to jenn@eliteathletetraining.com. _____ (client initials)

If a dispute is not initiated by me, within 5 days of the sent email, I authorize E.A.T.S to charge my card in the amount detailed in the invoice. I understand that amount may vary per billing period. _____ (client initials)

This authorization is to remain in effect until E.A.T.S has received written termination notification from me in such time and in such manner as to afford E.A.T.S a reasonable opportunity for action. _____ (client initials)

Name (Please Print)

Signature

DATE