INCLINE GYMNASTICS TRANING CENTER
CREDIT/DEBIT CARD
PAYMENT AUTHORIZATION FORM

A. APPLICANT INFORMATION

Parent Last Name _____ First Name _____

Email Address _____ Contact Telephone Number _____

Student #1: Last Name _____ First Name _____

Student #2: Last Name _____ First Name _____

Student #3: Last Name _____ First Name _____

B. CREDIT/DEBIT CARD BILLING INFORMATION

Name as it Appears on Credit/Debit Card _____

Mailing Address _____

City _____ State _____ ZIP _____ Country _____

CREDIT/DEBIT CARD AUTHORIZATION Select one: Visa MasterCard Discover Card

__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ __ __/__ __ __ __ __ __ __

Credit/Debit Card Number *Expiration Date* *CVS*

Special Instructions: _____

Authorization (Monthly Students): *I authorize Incline Gymnastics Training Center (IGTC) or its authorized credit/debit card transaction agent(s) to bill my credit/debit card account indicated above on the first of each month for payment of Tuition, Fees and Miscellaneous Assessments associated with services provided by IGTC. I further authorize Incline Gymnastics to bill by debit/credit card account indicate above on the specified due dates for any Team Assessments. I agree to provide 15 days advance notice prior to the first of each month for any suspension of services for the subsequent month. Otherwise, my account will be billed without refund. Supplemental products or services, such as Private Lessons Open Gym, Parents' Night Out, Birthday Parties, Apparel or other such services are to be paid directly before or at the time that services are provided.*

Signature _____ Date _____

For Accounting Use Only Date Entered to VM _____ by _____ Mthly ☐ CC Updates By Date

__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ __ __/__ __ __ __ __ __ __ _____ _____

Credit/Debit Card Number *Expiration Date* *CVS*

__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ __ __/__ __ __ __ __ __ __ _____ _____

Credit/Debit Card Number *Expiration Date* *CVS*