

NO LIMITZ GYMNASTICS & CHEERLEADING CENTER

CREDIT CARD AUTHORIZATION FORM

Name on the card: _____

Type of card (circle one) Visa MC AmEx Discover Other

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

By signing this form, you authorize NO LIMITZ Gymnastics & Cheerleading Center, to charge your credit card. There will be a 4% credit card fee added to the total charged for use of the card by the credit card company.

Sign: _____

Date: _____

