

Paramount Gymnastics
330 Roycefield Road
Hillsborough, NJ 08844

CREDIT CARD RECURRING BILLING AUTHORIZATION FORM

Please use this form to authorize Shields Gymnastics School, Inc., doing business as Paramount Gymnastics, to set up recurring credit card billing for your child's gymnastics lessons.

CUSTOMER INFORMATION

CREDIT CARD INFORMATION

PARENT/GUARDIAN NAME

CARD TYPE (CIRCLE ONE)

VISA

ADDRESS WHERE CC BILLS ARE SENT

MASTERCARD

CITY, STATE, ZIP CODE

DISCOVER

CELL PHONE NUMBER

AMERICAN EXPRESS

EMAIL ADDRESS

LAST 4 DIGITS OF CREDIT CARD NUMBER -

NAME OF STUDENT(S)

AUTHORIZATION

I hereby authorize Shields Gymnastics School, Inc., doing business as Paramount Gymnastics, to charge the indicated credit card the fee for my child's monthly gymnastics lessons, as agreed upon at the time of registration. I agree that this is a periodic charge that will occur on the 1st day of each month, as long as I continue their enrollment. To terminate the recurring billing process I must notify Paramount Gymnastics 30 days prior to next billing cycle.

I authorize Shields Gymnastics, Inc., doing business as Paramount Gymnastics, to run my address verification. This verification process is a security measure to protect me, the client, from illegal fraud against my credit card. I guarantee and warrant that I am the legal cardholder for this credit card, and that I am legally authorized to enter into this recurring billing agreement with Shields Gymnastics, Inc., doing business as Paramount Gymnastics.

NAME AS IT APPEARS ON CREDIT CARD

SIGNATURE OF CARD HOLDER

DATE

FOR OFFICE USE ONLY TOTAL FAMILY MONTHLY TUITION:
--