



CREDIT CARD AUTHORIZATION FORM  
FOR RECURRING PAYMENTS

Athlete's Name: \_\_\_\_\_

**Cardholder Information**

Name as it appears on the credit card: \_\_\_\_\_

Card type:  Visa  MC

Credit Card Account Number: \_\_\_\_\_ — — —

Expiration Date: \_\_\_\_/\_\_\_\_ Security Code (3 #'s on the back): \_\_\_\_\_

Credit Card Billing Address:

\_\_\_\_\_

(Street Address)

\_\_\_\_\_

(City, State, and Zip Code)

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I have read and understand the financial policies of Heat Athletics Inc. I am a duly authorized credit card user on the identified account and authorize all of the above with my signature. I certify that all the information above is complete and accurate. I hereby authorize Heat Athletics Inc. to collect payment for the fees due by processing a charge to the credit card listed above.

Cardholder Name (Printed): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_