



Credit Card Authorization and Consent Form

I, _____ hereby authorize Gelico Gymnastics to charge my credit card for _____.

Total amount to be charged \$ _____

Type of Card Visa MasterCard

All fields are mandatory

Credit Card Number: _____

3 digit Security Code: _____

Expiration Date: _____

Name of Cardholder: _____

Email Address: _____

By signing this, I acknowledge the charges described hereon and assume full responsibility for said charges and agree to honour and abide by the terms of payment.

Authorized Signature of Cardholder: _____ Date: _____

Office Use:

Transaction ID: _____

Admin Initials: _____