



## CREDIT CARD CHARGE AUTHORIZATION FORM

I hereby authorize Flying High Gymnastics, Inc. (FHG) to charge to my credit card listed below:

All charges on my account (tuition, purchases, etc) \_\_\_\_\_ (Initial)

Further, in the event that I wish to discontinue or make any changes to this arrangement, I will inform FHG in writing.

**You will receive an invoice the third week of the session through email if you choose. It is your responsibility to review the invoice and question any charges prior to the PRIORITY DEADLINE. All charges will be processed on the Monday after the priority deadline.**

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name (as it appears on Credit Card)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Child's Name

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Exp Date

\_\_\_\_\_  
Visa/MC

**FOR OFFICE USE ONLY:**

Employee Verifying Name and Date

First "Keyed In" Charge Date