

Automatic Credit Card Billing Authorization Form

New Heights Fitness LLC Automatic Credit Card Billing Authorization Form

All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us in writing no less than 6 days prior to scheduled payment.

Customer Information (Please Print Legibly)

Customer Name _____

Phone _____

Payment Information (Please Print Legibly)

I authorize **New Heights Fitness LLC** to automatically bill the card listed below as specified for the following **Service**: _____

Amount: _____ **Frequency:** One Time **Date (Start Date of program):** _____

NOTICE: All card payments will be scheduled to be processed on the start of the first day of the program.

Credit Card Information (to be completed by customer)

New Heights Fitness accepts the following credit cards: **Visa, MasterCard, Discover**

Credit Card Type	Credit Card Number	Expires
------------------	--------------------	---------

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
<input type="checkbox"/> Other		

Cardholder's Name(as shown on credit card) _____

Cardholders Zip code _____
(from credit card billing
address)

Customer's Signature & Date: _____

Email Address: (Please Print Legibly) _____

New Heights Fitness llc. - 338 West Washington - Zeeland, Mi 49464

616-772-0094 - contact@newheightsfitness.com - web site: www.newheightsfitness.com