

## Automatic Credit Card Billing Authorization Form

### New Heights Fitness Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the 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.

#### Customer Information (To be completed by Merchant)

Customer Name \_\_\_\_\_

Phone \_\_\_\_\_

#### Payment Information (To be completed by Merchant)

I authorize New Heights Fitness to automatically bill the card listed below as specified:

Amount \_\_\_\_\_

Frequency: Monthly

Start on: \_\_\_\_\_

End Billing when Customer provides written cancellation

#### 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 \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholders Zip code (required) \_\_\_\_\_

(as shown on credit card)

(from credit card billing address)

Customer's Signature \_\_\_\_\_

Date: \_\_\_\_\_

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