



Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa MC AmEx Discover

Other _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Monthly Recurring Amount to be Charged _____ *

*This amount represents the initial recurring monthly charge as of the date signed. In the event Client alters its service order the recurring charge will differ.

By signing this form, I authorize Harp Performance Tennis, Inc. to charge this card for the amount listed above for each applicable billing period, and if necessary, to initiate adjustments for any changes. I understand this authorization will remain in effect until cancelled in writing at least thirty (30) days prior to the next billing period. I guarantee and warrant that I am a legally authorized user of this credit card and that I will not dispute the scheduled payments with the credit card company provided the transactions correspond to the terms indicated in this authorization form.

Signed: _____ Date: _____