



132 S. Glenoaks Blvd.  
Burbank, CA 91502  
Work: (818) 840-8690

## CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us.  
This authorization will remain in effect until canceled.

Fencer's Name: \_\_\_\_\_

### Credit Card Information

Card Type (Circle one):      MasterCard                  Visa                  Discover                  American Express

Other: \_\_\_\_\_

Cardholder Name as Shown on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Security Number (usually found on back of card): \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_

Cardholder Zip Code from credit card billing address: \_\_\_\_\_

I, \_\_\_\_\_ authorize Swords Fencing Studio to charge my credit card above for agreed upon purchases. I understand that my information will be saved to a file for future transit actions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date