



## CREDIT CARD BILLING AUTHORIZATION FORM

**Credit Card Billing Information:**

Student Name:	
Card Holder's Name:	
<input type="checkbox"/> Visa	
<input type="checkbox"/> MasterCard	
<input type="checkbox"/> Discover	
<input type="checkbox"/> American Express	
Issuing Bank:	
Credit Card Number:	
Expiration Date:	
CVC Number:	
Billing Zip Code:	
Phone Number:	
Fax Number:	

**Please select one of the following Payment Options:**

**Once**  Bill my credit card once for the following amount:

**Monthly**  Bill my credit card once per month for the amount of service provided each month by Tumbling Tutor®

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all services may be immediately terminated at Tumbling Tutor's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should be reported to [barry@tumblingtutor.com](mailto:barry@tumblingtutor.com)

Changes to the status of this card can also be reported to [barry@tumblingtutor.com](mailto:barry@tumblingtutor.com)  
or call our office at (831) 423-7406

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

The undersigned is the duly authorized cardholder: \_\_\_\_\_

Please fill out, sign and mail to: **Tumbling Tutor**  
303 Potrero St, Suite 29-102  
Santa Cruz, CA 95060