

AUTHORIZATION FORM TO BILL CREDIT/DEBIT CARD

This form of authorization gives permission to Fight Fitness Center, LLC to charge and bill the credit/debit card listed below the amount indicated below. This form is to be used for charges that are to be made, or that have already been made, to the credit card listed below. The cardholder has read, understood, and agreed that the automatic credit card payment option is a contract option for classes held at Fight Fitness Center located at 6240 39th St. Pinellas Park, FL 33781, Suite A and the purchase, if applicable, of martial arts equipment or apparel. As the student capacity in the classes are limited, this option secures the student's spot and cannot be revoked by any part. Make sure you are committed to train and attend classes, as once your spot is secured it will affect our ability to retain new students and advance our practices.

I, the undersigned cardholder, hereby authorize the following charges to my credit card: \$_____

This charge is/was for payment of martial arts related services, which are/were willingly receive(d), understood, and agreed to by this cardholder in full with no exceptions. These purchases and charges are non-refundable and are not transferable. The completion of this authorization form signifies the acceptance to waive all chargeback rights by cardholder to mediate disputes or obtain refunds from Fight Fitness Center, LLC. By signing below, I acknowledge that I am the cardholder under penalty of the law & authorize the charges by Fight Fitness Center, LLC.

This is not a long term contract, you can cancel your membership anytime per a 30 day written notice in advance.

All tuition will be paid month to month on the same day of the month that you signed up. If you notify us that you are taking time off, you won't be charged a late fee and won't pay a registration fee again once you return.

In the event of a late payment, you will be charged a late fee of \$2 per day that your payment is late.

We do offer automatic withdrawal and you will receive a 10% discount for setting up automatic payments. This makes life easier on all of us.

You will get additional discount if you pay 6 month, 9 month or 1 year in full. Please ask Coach Ali Tareh for more information.

Credit Card Number _____

Expiration Date __/__/____

Signature _____