



Monthly Membership Credit Card Payment Authorization

You authorize being charged the amount indicated below each billing period if payment is not submitted prior to the 15th of the month. A receipt for each payment will be provided to you and the charge will appear on your Credit Card Account Statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize Fusion School of Basketball LLC to charge my Credit Card below for \$ _____ beginning on ____ 16th _____ (Date) every month for 2 months if payment is not submitted by then.

Monthly Package: - Skills n Drills - Warm Up - Work Hard Play Hard - Gym Rat

Billing Details

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Credit Card Information

- Visa - MasterCard - AMEX - Discover

Cardholder's Name - _____

Credit Card Number - _____ - _____ - _____ - _____

Expiration Date - ____ / ____

Security Code (CVV) - _____

Individual's Signature _____ Date _____