

ATHLETIC REPUBLIC OF ORANGE COUNTY

CREDIT CARD BILLING AUTHORIZATION FORM

Please complete information below:	
Name:	
Person Authorizing:	
Credit Card Type:	<input type="checkbox"/> Visa
	<input type="checkbox"/> Mastercard
	<input type="checkbox"/> Amex
	<input type="checkbox"/> Discover/Novus
	<input type="checkbox"/> Other, please specify: _____
Issuing Bank:	
Credit Card #:	
Enter CVC #	_____ Last 3 digits from the back of card or 4 digits from face of card
Expiration Date:	
Billing Address:	
City:	
State/Province:	
Zip/Postal Code:	
Country:	
Phone Number:	
Fax Number:	
Please select from one of the following payment options:	
Once	<input type="checkbox"/> Bill my credit card once for the following amount: \$ _____
Monthly	<input type="checkbox"/> Bill my credit card once per month for the amount of service provided each month for all contracts with Athletic Republic of Orange County. Amount: \$ _____
Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Athletic Republic's discretion if any charges are declined or charge backs are claimed against outstanding invoiced amount. Disputes to amounts invoiced should be immediately reported to kim @ arocspeed.com.	
Changes in the status of this card can also be reported to kim@arocspeed.com	
Signature:	X _____
By signing above, I agree to these terms.	