KIDNASTICS & HSC ALL STARS

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION FORM

All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated in your account and your total charges will appear on your monthly credit card statement.

Kidnastics clients that are in a non-binding contractual agreement may cancel this automatic billing authorization at any time by providing us with **30-day written notice** preferably by email addressed to office@kidnastics.net

HSC ALL STARS CHEER CLIENTS:
All HSC clients are required to pay their monthly tuition, scheduled uniform and competition fees, and any additional classes with an assigned credit card on file.

Circle one credit card type: **VISA** **MASTERCARD** **DISCOVER**

CREDIT CARD NUMBER

EXP DATE M M Y Y

CARDHOLDER NAME (As Shown On Card:)_____

CVC (3 digits):_____

CREDIT CARD BILLING ADDRESS:

_____CITY:_____ZIP: _____

I authorize Kidnastics Limited, to charge the total amount due in my Kidnastics account to my credit card provided herein. I agree that I will pay for this in accordance with the Kidnastics/HSC payment schedule. Monthly tuition for classes will be due on the 1st and processed by the 5th of each month. Performance fees for HSC All Star clients will be processed by the 15th of each month in accordance to the payment schedule. If payment is declined or not paid, a $20 fee in addition to any late fees will be accessed to the total balance and the client will be responsible to provide Kidnastics Limited with a new authorization form with a valid credit card on file.

By signing this authorization below, I acknowledge that I have read and agree to all of the above and all information given are complete and accurate.

Please list your child's first and last name below:

_____

Cardholder – Print Name, Sign and Date Below:

Print Name: _____

Signature: _____ Date: _____

10712 Reagan Street, Los Alamitos, CA. Tel: 562.431.1102 Fax: 562.240.2170
www.kidnastics.net & www.hscallstars.com