



3203 Minnesota Avenue  
 Panama City, FL 32405  
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 www.fusionfitnesspc.com

## Credit Card Payment Authorization Form

### Card Holder Information

Name on Card (exactly as it appears):	Company Name:
Card Holder Billing Address:	
City:	State: <span style="float: right;">Zip:</span>
Telephone:	Email:

### Payment Authorization

Card Type:  Visa     MasterCard

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_  
(Three digits on the back of card.)

*Sample A. Signature*

Authorized Signature    3727 4002 0148 4045 123

123

**I hereby authorize the purchase of services/merchandise from Fusion Fitness Center through the use of this Credit Card Payment Authorization Form. I agree that I will pay for this purchase and indemnify and hold harmless Fusion Fitness Center against any liability pursuant to this authorization. I authorize my bank/credit card company to make my recurring payment as designated below and to post it to my account.**

Total recurring amount: \$ \_\_\_\_\_  
(To be completed by Fusion Fitness Center representative)

Months authorized to run credit card payment: From \_\_\_\_/\_\_\_\_/\_\_\_\_  
(To be completed by Fusion Fitness Center representative) To \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Cardholder's Printed Name                      \_\_\_\_\_ Cardholder's Signature                      \_\_\_\_\_ Date