



CREDIT CARD AUTO PAYMENT AUTHORIZATION

COMPETITIVE EDGE ATHLETICS INC.

Please provide full credit card information.

Name as it appears on card _____

Type of card (circle) VISA MASTER CARD DISCOVER

Credit Card # _____ Exp. Date: _____

Billing Address _____

City _____ State _____ Zip _____

Student(s) Name _____

Select Payment Schedule: (check option)

1st of Month (Monthly Tuition and/or Class Fees)

15th of Month (LX All-Stars Competition Fees)

1st and 15th of Month (LX All-Stars Monthly Tuition & Competition Fees)

By signing below you are authorizing Competitive Edge Athletics INC. to charge the above Credit/Debit Card automatically when bills are due for the above Student(s) account. Balances for above student(s) account will be charged within 3 days after the due date and never before the due date. (example If a bill is due on the 1st, your card will be billed on the 1st, 2nd or 3rd.)

Signature _____

Date _____