



Recurring Credit Card Charge Authorization Form

I (we) hereby authorize Sculpt My Body Fitness, LLC to make one time or recurring charges to my Credit Card listed below on the first day of my said membership, _____ (date of transaction). If necessary, Sculpt My Body Fitness may also initiate adjustments for any transactions credited/debited in error. I agree to notify Sculpt My Body Fitness in writing of any changes in my account information or termination of this authority to make scheduled charges 7 days prior to the next due date of the charges. I will not dispute the charges made by Sculpt My Body Fitness with my credit card company so long as the transaction corresponds to the terms indicated in this agreement.

(Name - PLEASE PRINT AS APPEARS ON CARD)

(Billing Address - PLEASE PRINT)

(Phone Number - PLEASE PRINT)

(Email - PLEASE PRINT)

Please circle one: Visa MasterCard Discover

Account Number: _____

Expiration Date: _____ CSV _____ (3 numbers located on back)

Charge Amount: \$ _____

Frequency: Monthly One Time Payment

(Signature)

(Effective Date)

Please return to:

Attn: Meleah Wehman
Sculpt My Body Fitness, LLC
2915 Zambia Drive, Cedar Park, TX 78613

512.656.9463
sculptmybodyfitness@yahoo.com