



CHOI KWANG-DO

Optimum Health • Self-Defense • Personal Development
 11820 Belleville Rd Belleville, MI 48111 (734) 697-1950 www.grecackd.com

AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION FORM

In order to protect both parties, we require that you provide Greca Choi Kwang-Do (CKD Belleville Inc.) with this written and signed authorization to make charges to your credit card in your name.

I hereby authorize **Greca Choi Kwang-Do** to charge or cause to be charged to the following credit card:

Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Credit Card Number:	_____ - _____ - _____ - _____
Credit Card Expiration:	_____ / _____ Revised Expiration: _____ / _____ <small>Month Year Month Year</small>

Name as it appears on the Credit Card	_____
Billing Address for the Credit Card	_____
Home Phone	_____
Business Phone	_____
Email Address	_____

The amount will be charged in _____ monthly installments of \$_____ beginning on _____.

All accounts will be charged on the due date which will occur on the 1st / 15th of each month.

The charges are for the purchase of _____ which I have requested **Greca Choi Kwang-Do** to provide.

The final payment (if applicable) will be charged on _____.

The total amount (if applicable) to be charged is \$_____.

I agree that I will pay for all such requested services and charges and indemnify **Greca Choi Kwang-Do** against any liability pursuant to this authorization.

I have read, understand, and agree to this authorization for charges to my credit card. I hereby authorize Greca Choi Kwang-Do to make the charges to the credit card listed above with all conditions of sale as if I were presenting my credit card in person, not to exceed the amount agreed to as indicated above until the balance is paid in full and my contract fulfilled. I understand that I may pay off the remaining balance at any time without penalty. I understand that I am responsible for any account information changes and will notify **Greca Choi Kwang-Do** of any account changes that affect this authorization. I understand that this authorization **is valid until revoked in writing by the cardholder** or until my contract with **Greca Choi Kwang-Do** has been fulfilled.

Customer Signature	Date
Greca Choi Kwang-Do Representative	Date
For Office Use Only	