



# Authorization for Credit Card Use

PRINT AND COMPLETE THIS FORM - SUBMIT TO [SUPPORT@KIDSFIT.COM](mailto:SUPPORT@KIDSFIT.COM)

(PLEASE NOTE CREDIT CARD PAYMENT MAY ALSO BE TAKEN OVER THE PHONE 843-879-2201)

**Name of customer completing form** \_\_\_\_\_

**Name of Action Based Learning Rep** \_\_\_\_\_

**INVOICE #** \_\_\_\_\_ **PURCHASE ORDER # (IF APPLICABLE)** \_\_\_\_\_

---

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit Card Type:  Visa  Mastercard  Discover  (AmEx Not Accepted)

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

**INVOICE TOTAL (\$)** \_\_\_\_\_ **Amount to charge card(\$)** \_\_\_\_\_

---

I authorize ABL to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

## Cardholder – Please Sign and Date

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Email Address for Receipt** \_\_\_\_\_