Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Card Type:	Credit Card	Information			
Card Number:	Card Type:				
Card Number:	Cardholder l	Name (as shown on	card):		
Expiration Date (mm/yy):					
Cardholder ZIP Code (from credit card billing address):	Expiration D	ate (mm/yy):			
Customer Signature Demon Jiu Jitsu Payment Registration, agree to a reoccurring monthly payment with Demon Jiu Jitsu Free for the following individual(s) for the following individual(s) sereoccurring monthly payment will remain active and ongoing until a written letter for terminal been submitted and accepted by Demon Jiu Jitsu LLC dba Ring Demon. Notice of terminations to be made 30 days prior to the cancelation date. Sing this time, I agree to allow Demon Jiu Jitsu LLC dba Ring Demon to charge my account on the of each month for the amount of \$ ment contracts maybe be placed on hold in case of injury in which a written letter of hold in the submitted and accepted. The MO REFUND POLICY Contracts and the case of the cas					
Demon Jiu Jitsu Payment Registration			uthorize es. I understand th	to nat my information will	charge my credit card be saved to file for future
Demon Jiu Jitsu Payment Registration	Customer Sig	gnature	Date		
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