

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.

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (mm/yy): _____				
Cardholder ZIP Code (from credit card billing address): _____				

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Demon Jiu Jitsu Payment Registration

I, _____, agree to a reoccurring monthly payment with Demon Jiu Jitsu LLC dba Ring Demon starting _____ for the following individual(s) _____.

This reoccurring monthly payment will remain active and ongoing until a written letter for termination has been submitted and accepted by Demon Jiu Jitsu LLC dba Ring Demon. **Notice of termination must be made 30 days prior to the cancelation date.**

During 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 \$ _____

Payment contracts maybe be placed on hold in case of injury in which a written letter of hold is must be submitted and accepted.

Print Name: _____

Sign: _____ Date: _____

E-Mail: _____

Phone: _____

NO REFUND POLICY

Initials: _____