

Card authorization form

I, _____, give permission to JS7 Fitness Solution to charge
Buyer name Business name

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

Amount authorized Cardholder email JS7FS Nutritional Coaching
Product/service

All fields required

Card information

Card type

- ☐ MasterCard
☐ Discover
☐ VISA
☐ AMEX

☐ Other _____

Cardholder (Name on card)

Card number

Expiration date
(MM/YYYY)

ZIP code
(From credit card billing address)

Recurring payments information

Charge every:

Week Month Quarter Other _____

Charge on this date _____
(For example, the 1st of every month)

Payment amount

JS7FS Nutritional Coaching
Product/service sold

☐ Email receipts

☐ Mail receipts to:

To cancel, contact: Jay Slater, Jay@js7fitnesssolution.com
(Name and email)

All sales are final. No cancelations accepted.

Terms of agreement

(For example, cancellations must be received 1 week prior to expected billing date)

Customer signature

Date