

# ADVENTURE BOOT CAMP

Authorized Agreement for Credit Card Payment to:  
The Adventure Boot Camp of Washington DC

I (We) hereby authorize The Adventure Boot Camp, hereinafter called ABC, to initiate charges to my (our) credit card account indicated below and the depository named below, hereinafter called DEPOSITORY, to charge the same to such account. Charges will appear on your statement from Premier Sports and Health.

Account Name: \_\_\_\_\_

Camp Session: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payment Type (Check One)  Visa  Mastercard  Amex  Discover

Name Shown on Card: \_\_\_\_\_  
(Please Print)

Credit Card Number: \_\_\_\_\_ Authorization Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Authorized Amount \$ (US Dollar) \_\_\_\_\_

Authorized Signature on Card: \_\_\_\_\_

This authority is for the amount indicated above only. Further transactions will require an authorization form by DEPOSITORY per transaction.

Name(s): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Batch # \_\_\_\_\_

Transaction # \_\_\_\_\_ Approval # \_\_\_\_\_