



# WEST GEORGIA TENNIS CLUB

## RECURRING PAYMENT AUTHORIZATION FORM

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

### Customer Information *(to be completed by merchant)*

Customer/Company Advance Tennis LLC, dba West Georgia Tennis Club

Contact name Paul Patuka Account number 5247719919836495

E-Mail address wgclaycourts@gmail.com Phone ( 404 ) 403 - 9466 Ext. \_\_\_\_\_

### Payment Information *(to be completed by merchant)*

I authorize Advance Tennis LLC, dba West Georgia Tennis Club to automatically bill the card listed below as specified:

Product/Service description Monthly Membership Dues

Recurring amount: \$ \_\_\_\_\_

Frequency (check one)  Once  Daily  Weekly  Twice/month  Monthly  Quarterly

Start on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End on:  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (check one)

No end date

### Credit Card Information *(to be completed by customer)*

Card type  MasterCard  VISA  AMEX

Cardholder name \_\_\_\_\_ Cardholder ZIP Code \_\_\_\_\_  
(as shown on card) (from credit card billing address)

Card number \_\_\_\_\_ Expires \_\_\_\_\_ / \_\_\_\_\_  
MONTH YEAR

Notify me via e-mail when my credit card is charged. (Make sure e-mail address above is correct.)

X \_\_\_\_\_ Date \_\_\_\_\_  
Customer's Signature

Customer's Billing Address

customer merchant