



Credit Card Billing Authorization Form

If you would like to enjoy the convenience of credit card billing, simply complete the Credit Card information section below and sign the form. All requested information is required. Upon approval, we will bill your credit card for the amount indicated in full or in monthly installments as indicated below and your total charges will appear on your credit card statement. You may cancel the automatic billing authorization at any time by contacting Marcela Peralta Ramos at 786-344-7212.

Member Information

Member Name: _____

Team: _____

Payment Information

I authorize Kendall SC to bill the credit card listed below the balance of my annual fees totaling \$ _____

Choose one option:

- Equal monthly installments until May 2010, starting the 1st of the month following the completion of this application
- One total payment (a 5% discount will be applied)

Check if appropriate:

- Please also charge the \$150 registration deposit to my credit card in one payment
- Provide written cancellation

Credit Card Information

Kendall SC accepts the following Credit Cards: **VISA, MASTER CARD & DISCOVERY**

Credit Card:

- VISA
- MASTER CARD
- DISCOVERY

Credit card Number: _____

Expiration: ____/____

Cardholder Name: _____

Cardholder Zip Code: _____

Cardholder Signature: _____

Date: ____/____/____