



Credit Card Authorization Form

Name of Client: _____

Name of Parent/Guardian: _____

I am a client (or my child is a client) of Rockland Peak Performance Inc. ("RPP", located at 174 Route 17N, Sloatsburg, New York 10974) where I and/or my child engage in personal training. I am aware that all payments are due prior to the beginning of all training. I am also aware that, at times, my pre-payments may expire despite the fact that I or my child continue with the particular program.

Therefore, since the payment is due prior to the beginning of all services, in the event that my pre-paid sessions have expired while I am continuing with my training, I hereby fully authorize RPP to charge of my credit card for the amount that is past due.

Credit Card Visa MasterCard Discover
(circle one)

Account Holder Name _____ (as it appears on the CC)

Credit Card Address _____

Credit Card Number _____ Exp Date _____

CVV# _____

Signature of Card Holder _____