

**CREDIT CARD/PAYMENT
AUTHORIZATION FORM**



Athletic Republic is independently owned and operated by Elite Sports Management Group Inc.
411 Prairie Heights Drive, Verona WI 53593 608-845-FAST(3278) www.theathleticrepublic.com

Name of Athlete:	
Name of Card Holder:	
Credit Card Type:	VISA [<input type="checkbox"/>]
	Master Card [<input type="checkbox"/>]
Issuing Bank:	
Credit Card Number:	
CVC Number:	_____ 3 digit number on back of card
Expiration Date:	
Billing Address:	
City:	
State:	
Zip Code:	
Country:	
Phone Number: H	
Phone Number: M	

Please select from the following payment options:

ONCE	[<input type="checkbox"/>] Bill my credit card once for the following amount \$ _____
MONTHLY	[<input type="checkbox"/>] Bill my credit card once per month for the amount of service provided each month for all contracts with Athletic Republic. Amount \$ _____

Applicant agrees that all information is accurate and complete.

Applicant also acknowledges that all orders may be immediately terminated at Athletic Republic's discretion if any charges are declined or charge backs are claimed against outstanding invoices

All returned transactions will incur a \$25.00 penalty fee including NSF and closed accounts if the balance of the account at Athletic Republic is not paid in full. **Initials** _____

Athletic Republic requires full payment of the amount due if a returned transaction occurs within 3 days. **Initials** _____
Any amounts not collected will be turned over to a collection agency.

Appointment changes and cancellations must be called in at least 24 hours before the scheduled appointment. Failure to call will result in forfeiture of that session for session based programs and a \$25 cancellation fee for UNLIMITED programs.

Initials _____

Disputes to amounts invoiced should be immediately reported to info@theathleticrepublic.com

Changes in status of this card can also be reported to info@theathleticrepublic.com

Signature: X _____
By signing above, I agree to all terms on this form and the Athlete Enrollment Form.