



CREDIT CARD AUTHORIZATION

Number: _____

Exp Date: _____ CVV Code: _____ Zip Code: _____

Name on Credit Card: _____

Signature: _____ Date: _____

Member Name (if different): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Qty	Item	Each	Total
____	_____	\$ _____	\$ _____
____	_____	\$ _____	\$ _____
____	_____	\$ _____	\$ _____
____	_____	\$ _____	\$ _____
____	_____	\$ _____	\$ _____
____	_____	\$ _____	\$ _____
____	_____	\$ _____	\$ _____
____	_____	\$ _____	\$ _____
____	_____	\$ _____	\$ _____
____	_____	\$ _____	\$ _____
____	_____	\$ _____	\$ _____
		Total	\$ _____

RECURRING MEMBERSHIP PAYMENT

Check here for automatic monthly membership payments

I authorize Portland Boxing Club to automatically charge my credit card \$25.00 per month until I cancel this recurring membership payment in writing.

Date to start recurring payments: _____



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