



Credit Card Authorization Form

DEBIT/CREDIT CARD INFORMATION

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Member Name: _____

Item: _____

Amt to be charged: _____ Date of sale: _____

CC#: _____

Cardholder name (print): _____

Expiration Date ____/____

Billing Zip for Card: _____

Authorized Card Holder Signature: _____

Please note: This information will not be stored; Charge forms are for single payment charges and will be shredded after the payment is confirmed. Payments must be made in full if using this form. Partial or late payments will be assessed a \$15 administrative fee.

All CC Charges are subject to a 3% surcharge. This fee includes 6% Sales tax per SRS 139 010 (17)(c)(2)

**Please return a completed form to the office at The Signature Club
ATTN: Christina Torres**

3256 Lansdowne Drive
Lexington, KY 40502
Or by email to Christina@SignatureClub.org