



### PAYMENT AGREEMENT

I authorize Olympian Fencing Studio LLC to bill my credit card for its fee for all services provided to me or my child from time to time. If my credit card fails to pay, I will be responsible for the unpaid amount. With a late charge of \$ 50. I understand that this authorization will remain open for all services provided to me or my child and that my card will be charged when services are provided or when I or my child sign up for a program or a series of lessons. I may revoke this authorization at any time by providing to OFS a written revocation in writing signed by me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### CREDIT CARD INFORMATION

What credit card would you like Olympian Fencing Studio LLC to charge?



Other Type of Credit Card: \_\_\_\_\_

Name on the card (if different than the printed name above): \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing zip code \_\_\_\_\_

3-digit security code (on the back of the card): \_\_\_\_\_