

Credit Card Authorization Form

Name on the Card: _____

Participant name #1 _____

Participant name #2 _____

Participant name #3 _____

Type of Card: Visa MC AmEx Discover

Account Number _____

Expiration Date _____ / _____

Security Code _____ Zip Code _____

Billing Address _____

City, State _____

Phone Number _____

Email Address _____

Authorizing: TTT Annual Membership Junior Monthly Membership Custom Monthly Coaching

Private Session Fitness Testing (Vo2, Lactate, RMR) Other

Max Amount Authorized: \$ _____

By signing this form, you authorize Triple Threat Tough
to charge your card for the item(s) listed above.

Signed: _____ Date: _____

Print Name: _____

Mail Completed Form To: Triple Threat Tough
7507 Cupflower Cove
San Antonio, TX 78249