

## 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  
2201 Shakespeare St.  
Carrollton, TX 75010