



DEA Credit Card Authorization Form

I hereby authorize Dynamic Extreme Athletics, LLC, to charge my credit card for either a one time charge or recurring monthly charge in the amount listed below. I will not hold Dynamic Extreme Athletics, LLC responsible for any charge backs to the card listed below.

Name as it Appears on your Credit Card: _____

Students Name: _____

Recurring Amount: _____ One Time Charge: _____

VISA / MASTERCARD / DISCOVER

Credit Card Number: _____

Expiration Date: ____/____ Security Code: _____

Debit Card / Credit Card Bank that Issued the Card: _____

Credit Card Billing Address:

Street: _____

City: _____

State: _____

Zip Code: _____

Telephone: () _____ - _____

Cell Phone: () _____ - _____

Email: _____

Cardholder's Signature: _____ Date: _____

As the credit card holder, I also authorize Dynamic Extreme Athletics, LLC, to charge my credit card for either a one time charge or recurring monthly charge in the amount listed above. I will not hold Dynamic Extreme Athletics, LLC responsible for any charge backs to the card listed above. All information entered on this form is strictly confidential, and kept in a secure location.