



Credit Card Fax Authorization Form

In order to reduce charge backs, it is necessary to have a completed credit card authorization form as shown below. Also, it is critical to capture an AVS (Address Verification System) match when processing the transaction. Entering in the billing zip code of the cardholder captures AVS. Submitting the cardholder's address and CVV code lowers risk further. When applicable, a proof of delivery is required.

In the event you do not wish to keep your PRINTED card on file, you may call us @ 408 458 6522 and give your credit card number with CVV and expiration date to us via phone.

**Excelsior Personal Training and Wellness Center
51 University Avenue, # D and #K
Los Gatos, CA 95030
408-458-6522**

I _____ hereby authorize _____

Print Cardholder Name

to debit my ___ VISA ___ AMEX ___ MASTERCARD _____ Discover

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

CVV CODE: _____ * Located on back of card

MY BILLING ADDRESS FOR THIS CARD IS:

Address _____

City _____ State _____ Zip _____

phone _____ Fax _____

cardholder Signature

Date