

**Credit Card Authorization Form**  
*Please complete this form for credit card billing.*

Student Name(s): \_\_\_\_\_  
Last, First

Please Complete All of the Following Fields:

MasterCard     Visa     American Express

Name on Card: \_\_\_\_\_

Last 4 Digits of Card Number: \_\_\_\_\_

Expiration Date: (mm/yy) \_\_\_\_/\_\_\_\_                      3 or 4 Digit Security Code \_\_\_\_\_

Card Billing Address:

Street: \_\_\_\_\_

City \_\_\_\_\_                      State/Prov. \_\_\_\_\_                      Zip \_\_\_\_\_

**Section 2**

Enter the dollar amount for each billing before any applicable transaction fee.

Elite Membership: \$\_\_\_\_\_/mo                       Roster Class: \$\_\_\_\_\_/mo x \_\_\_\_ mos

In accordance with the player agreement, I authorize *The Pitching Center, Inc.* to charge my credit or debit card for the membership and/or class I have registered for. If enrolling in a membership to be billed on a monthly basis I understand and agree to the conditions set forth in the membership agreement. If enrolling in a roster style class and dividing the class fee into monthly payments there is a transaction fee of \$4.50/month on each payment after the first. The monthly transaction fee does not apply to the elite membership. I also agree to a \$25 failed transaction fee for any payment that is declined and a \$25 late fee for any payment not able to be processed within 10 days of the due date.

I understand and agree to adhere to all payment conditions set forth in the player agreement.

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

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

TPC Baseball & Softball  
Fax: 925-416-1600  
Email: info@thepitchingcenter.com