



# RESULTS ONLY

Fitness and Catalyst Coaching

## CREDIT CARD AUTHORIZATION FORM

I hereby authorize that my credit card account, as outlined below, be used for personal training fees, membership fees or other related products or services provided by Bobby Kelly and Results Only, LLC. Should I wish to revoke the use of this credit card, I will do so in writing by emailing or faxing a letter to Bobby Kelly and Results Only, LLC. and provide 30 days notice.

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Membership Type: \_\_\_\_\_

Credit Card Type (Circle One):    Master Card            Visa            American Express

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CIC Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, St Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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