

G7, Inc.

311 East Main Street - Central, S.C. 29630

864.639.7777 / G7inc@bellsouth.net

2015 Credit Card Charge Authorization Form

Name as it appears on Card: _____

Members Name (if different from above): _____

Credit Card Type: Visa / MasterCard / Discover: **(Circle One)**

Credit Card #: _____

Authorization V-Code: _____

Expiration Date: _____

Billing Address on Credit Card Account: _____

Charge Amount: **\$40.00 per individual**

Number of Individuals: _____

Charge Interval: **1-Month Period – 1st Monday of the Month**

I authorize G7, Inc. to charge the amount indicated above to the referenced account. Charges are authorized in the amount and at the interval indicated. Cancellation of payment may occur at any time upon notification by the member. Notification of cancellation must be made via email @ **G7inc@bellsouth.net** or via other written correspondence. Notification of cancellation must be made no later than the Friday prior to the 1st Monday of the month. Refunds will not be issued for any portion of a cancelled membership. All inactive or lapsed memberships are subject to a **\$15.00** reactivation fee.

Signature: _____

Date: _____