## **VPR ACADEMY**

## **CREDIT CARD INFORMATION & AUTHORIZATION**

## **CARDHOLDER INFORMATION**

Name:		
Billing Street Address:		
City:	State:	Postal Code:
Country:	Email	
Direct Telephone: ()	<del>-</del>	
I hereby affirm that I am the on the front of the credit can		enced credit card and that my name is listed
	CREDIT CARD INFO	<u>DRMATION</u>
Credit Card Type: □ Master	Card □ Visa □ America	n Express 🗆 Discover Card
Number:		
Expiration Month:	Expiration Year:_	Security Code:
Cardholder Signature X		Date//
scheduled charges to my cred	it card. You will be charged otification will be provided	below, I hereby authorize regularly d the amount indicated below each billing d unless the date or amount changes, in the payment being collected.
I,(Full Name)	, authorize VPR A	cademy to charge my
Credit Card below for \$ of each month/week.	on th	e(day)
This payment is for VF	PR ACADEMY AFTERS	SCHOOL SERVICES

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the VPR ACADEMY in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card account and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Chargeback Policy. If cardholder files a chargeback claim for authorized charges, it will be vigorously disputed in the following manner: a chargeback rebuttal letter, production of records and invoices rebutting the charge, payment of chargeback fee, cost of going to arbitration if applicable, and various other administrative tasks associated with the chargeback representment process. The cardholder agrees to reimburse VPR Academy for all charges associated with disputing a chargeback claim, including reasonable attorneys' fees which may be included as a separate charge.

AUTHORIZED SIGNATURE	DATE
PRINT NAME	