



Confidential Customer Credit Card Information

This form shall be filled out by those who do not wish to pay the Dead Frog Volleyball fee online and/or for those who wish to participate in the automatic monthly payment program.

Player Name: _____

Age/Group/Team: _____

Home Phone: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover

Name on Credit Card: _____

Credit Card Number: _____ Exp. Date: _____

_____ **Please charge my credit card on 12/16/19 for the pay in full option**

_____ **Please charge my credit card on 12/16/19 for the amount due each month with the monthly payment plan option**

I understand that I shall be fully responsible for any obligation not paid pursuant to this authorization. Waiver of any payment due from any party to this authorization shall not release my obligation for payment of any charges due and owing to Dead Frog Volleyball.

This authorization shall be governed by and construed in accordance with the laws of the state of Michigan and all obligations of the parties created hereunder are performable within Michigan.

In the event that litigation is commenced to enforce any of this agreement, Dead Frog Volleyball and The Courthouse Athletic Center shall be entitled to its cost thereof including reasonable attorney's fees.

Signature: _____ Date: _____

Please return the completed and signed form to Tiffany by 12/16/19.