



6975 LEBANON RD. SUITE 303 - FRISCO, TX 75034  
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### CREDIT CARD RECURRING PAYMENT AUTHORIZATION FORM

Thank you for joining The Gent's Place "Regular" Membership Club! Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

#### **Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged the amount indicated below each billing period. If for any reason the attempt to charge your primary account fails, we will automatically debit your secondary account for that payment. You agree that no prior-notification will be provided unless the payment date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

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#### **Please complete the information below:**

I \_\_\_\_\_ authorize The Gent's Place Men's Fine Grooming, LLC to charge my credit card(s) indicated below for \$ \_\_\_\_\_ **ANNUALLY** for payment for \_\_\_\_\_ **Club** service.

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

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

#### **Primary Credit Card**

☐ Visa ☐ MasterCard  
☐ Amex ☐ Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV (3-4 digit number on back of card) \_\_\_\_\_

#### **Secondary Credit Card (OPTIONAL)**

☐ Visa ☐ MasterCard  
☐ Amex ☐ Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV (3-4 digit number on back of card) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card(s) indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 30 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. In the event that the charge to the primary credit card fails for any reason, I agree that the secondary account will be charged. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card(s) and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.