



DEBIT AUTHORIZATION AGREEMENT (Single Payment)

I authorize Showtime Spirit to debit my credit card for the amount specified below.

Payment Amount _____ Today's Date _____

Payment For: _____
(Please include the Athlete's Name & Team for Training Fees or the Organization Name for Rentals)

Card Holder's Name _____

Phone _____ Email _____

Card Number _____ Expiration _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

**COPY
ID
(in Color)**

**COPY
CREDIT CARD
(in Color)**