



BOSE
DEVELOPING CHAMPIONS



TENNIS
ONE INDIVIDUAL AT A TIME

WWW.BOSE TENNIS.COM

CREDIT CARD AUTHORIZATION FORM

NAME _____

CREDIT CARD
TYPE

VISA

MASTERCARD

AMEX

DISCOVER

CREDIT CARD NUMBER _____

SECURITY CODE

4 digit number on front of Amex.

Last 3 digits on back of Visa/MC/Discover



EXPIRATION DATE _____

BILLING ADDRESS _____

CITY _____

STATE _____

ZIP/POSTAL CODE _____

COUNTRY _____

PHONE NUMBER _____

EMAIL ADDRESS _____

I hereby authorize **Bose Tennis/Alex Bose** to charge the above credit card for all tennis services including but not limited to individual lessons, group lessons, clinics, warm-ups, racquet stringing, and racquet gripping. I understand that fees are due at the time services are rendered. I further understand that I will be billed for not showing up for a scheduled service or canceling within the 24 hour cancelation policy.

SIGNED X _____ DATE _____



Bose Tennis
6039 Cypress Gardens Blvd. Suite 244
Winter Haven, FL 33884