Credit Card & Bank Authorization Form

Updated May 15,2025

AUTHORIZATION

I, _____ (print name), hereby authorize **Clite Solutions, LLC dba The Traveling Dojo** to charge my credit card for services in accordance with the attached membership agreement # **TD-_____.** Charges will appear as "Traveling Dojo".

ACCOUNT HOLDER INFORMATION

Account Holder Name: *(as it appears on account)*	
Billing Address: *(street)*	
City / State / Zip:	
	City State Zip
Phone #:	
E-Mail:	
Credit Card Information	
Credit Card Type:	☐ Visa ☐ Discover ☐ Master Card ☐ AMEX
Credit Card #:	
Expiration Date & CVV: *(MM / YY)*	/ CVV: Today's Date:

SERVICE DETAILS

Per attached membership agreement # **TD-_____.**

Amount to be Charged Today: $ _____

Recurring charge: $_____ monthly.

AUTHORIZATION STATEMENT

By signing below, I acknowledge that I am the authorized holder and signer of the credit card referenced above. I authorize **The Traveling Dojo** to charge my credit card for the amounts indicated above for the services referenced on this form. I understand that this authorization will remain in effect until I cancel it in writing in accordance with The Traveling Dojo Cancellation & Refund Policy. If recurring charges are authorized, I agree to notify the company in writing of any changes to my account information or termination of this authorization at least 15 days prior to the next billing date.

I certify that all the information provided herein is accurate and complete. I confirm that I have read and understand this form in its entirety, and that I will be responsible for payment of all amounts charged in accordance with the issuing cardholder agreement. I acknowledge that charges cannot be refunded unless otherwise stated in the company's Cancellation & Refund Policy.

Cardholder Signature: _____ **Date:** _____

FOR COMPANY USE ONLY

Authorization Code: _____

Date Processed: _____

Processed By: _____

Notes: