



Cliste Solutions, LLC
dba "The Traveling Dojo"

<https://www.travelingdojomartialarts.com>
membership@travelingdojomartialarts.com

Credit Card & Bank Authorization Form

Updated July 21, 2025

AUTHORIZATION

I, _____ (print name),
hereby authorize **Cliste 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: <i>(as it appears on account)</i>			
Billing Address: <i>(street)</i>			
City / State / Zip:			
	<i>City</i>	<i>State</i>	<i>Zip</i>
Phone #:			
E-Mail:			
Credit Card Information			
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX		
Credit Card #:			
Expiration Date & CVV: <i>(MM / YY)</i>	<i>/</i>	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 calendar 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: