

**2010 Charge Card Agreement
AQUASTAR SWIMMING**

(Credit only)

Charge Card: (check one)

VISA
 MASTERCARD
 DISCOVER

Name on Charge Card _____

Billing Address _____

City, state, ZIP Code _____

Charge Card Number _____

Expiration Date _____

Security code on card back: _____

I authorize AQUASTAR to charge my credit card account on the payment due date for all fees due and for any outstanding balance on my account. AQUASTAR requires a 15-day written notice to withdraw from any billing method.

Without a written notice, my charge card will be billed automatically on the current billing cycle, and the amount is non-refundable.

Please select one of the following payment options:

Monthly – Automatic payment for the upcoming month (mainly for competitive swim team members)

Single Billing – A one-time payment for swim team or swim lesson session.

Signature & Date