

CONCOURSE ATHLETIC CLUB

8 Concourse Parkway, NE
Atlanta GA 30328
Tel: 770 698 2000 Fax: 770 698 2015
cacaccounting@mindspring.com

Aikido Monthly Billing

Full Name _____

Date of Birth _____

Address _____

Zip Code _____

Home Phone _____

Cell _____

Email _____

Amount to be Billed Monthly \$ _____

VISA MC AMEX DIS

Credit Card Number: _____

Expiration: _____

Name on Account: _____

Signature _____

Written notice or email is required to cancel billing