

# TKA Credit/Debit Card System Form

Please complete all information below as it is listed on your credit/debit card and/or credit/debit card bill.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Credit/Debit Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_ CVV (last 3 digits on back of card): \_\_\_\_\_

*Traditional Karate Atlanta now accepts MasterCard, VISA, and Debit Cards.*

I, the undersigned, wish to be added to Traditional Karate Atlanta's (TKA) Credit/Debit Card System. I understand that ONLY upon my authorization my credit/debit card will be used for purchases related to TKA or SAR events. I understand that the above credit/debit card information and signature below will be kept on file and used for authorized purchases. If my credit/debit card information changes, I agree to inform TKA of any such changes. I, the undersigned, agree to pay the amount that I authorize according to the Card Issuer Agreement. If at any point I wish to be removed from TKA's Credit/Debit Card System, I shall inform TKA of such intentions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Complete and send form to:**

Traditional Karate Atlanta  
P.O. Box 813124  
Smyrna, GA 30081

Or scan and email to [d.nejame@comcast.net](mailto:d.nejame@comcast.net) or [info@KarateATL.com](mailto:info@KarateATL.com)

**For additional information and/or assistance:**

[www.KarateATL.com](http://www.KarateATL.com)

Dean NeJame (678) 641-5199 [d.nejame@comcast.net](mailto:d.nejame@comcast.net)