



250 North Westlake Blvd,  
Suite 220  
Westlake Village, CA 91362  
Phone: 877-4dotFIT  
Fax: 805-435-1414

## Credit Card Authorization Form

### INSTRUCTIONS

- 1). Complete form with credit card billing information
- 2). Sign where indicated
- 3). Submit this form back via fax:

**1-805-435-1414**  
dotFIT, LLC.  
ATTN: Accounting

Date: \_\_\_\_\_ Invoice Ref. #: \_\_\_\_\_

*(Optional)*

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

Credit Card: Visa MasterCard American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Number: \_\_\_\_\_ *(3-4 Digit Security Code)*

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

I authorize dotFIT, LLC. to charge my credit card every month for recurring license or subscription fees.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_