Cybertrain

thefitmann@aol.com 401.301.5122 cybertrainonline.com

Request for credit card payment

Personal Training

Name of Trainer- Paul Manning_____ Date requested_____

Name_____

Signature_____

Address_____
Street Town State Zip

Home Phone: _____ DOB _____

Cell Phone: _____ Email _____

CREDIT CARD INFORMATION or Session Tracking

Dated: _____ # Sessions Week of _____ Month of _____ $_____

Charge my credit card for the dollar amount listed above

Debit/Credit Card Type: Visa_____ MC_____ Discover _____

Credit Card Account #:_____ Expires _____ CVV _____

Date	*Time*	*Session #*