

CREDIT CARD UPDATE FORM

RECURRING MEMBERSHIP BILLING OCCURS ON THE 1ST OF EVERY MONTH

CREDIT/DEBIT CARDS

(STANDARD CREDIT/DEBIT CARDS ONLY. NO PREPAID CARDS MAY BE USED FOR ONGOING PAYMENTS)

PRINT CLEARLY

MEMBERSHIP NAME (first & last)

MEMBERSHIP PLAN (circle one) INDIVIDUAL – FAMILY – LEO INDIVIDUAL – LEO FAMILY – SR INDIVIDUAL – SR FAMILY

NAME AS IT APPEARS ON CARD: _____

CARD TYPE: DISCOVER ___ AMEX ___ VISA ___ MASTERCARD ___

CARD NUMBER: _____

EXP DATE: MONTH: _____ YEAR: _____

CVVS: _____

DELINQUENT PAYMENTS:

ANY MONTHLY AUTOMATIC DRAFT(S) NOT SUCCESSFULLY TAKEN FROM THE LISTED BILLING ACCOUNT AS SUPPLIED BY THE CUSTOMER, WILL RESULT IN IMMEDIATE MEMBERSHIP SUSPENSION.
ALL PAST DUE MEMBERSHIP FEE(S) MUST BE PAID IN FULL IN ORDER TO REACTIVATE YOUR MEMBERSHIP. PERSONS WITH DELINQUENT MEMBERSHIPS MAY NOT SHOOT ON THE RANGE UNTIL THE UNPAID MONTHLY FEE(S) ARE PAID IN FULL.
IF THE DELINQUENT MEMBERSHIP HAS THREE (3) CONSECUTIVE MONTHS OR MORE OF UNPAID FEES,
YOUR MEMBERSHIP WILL BE CANCELLED AND RANGE ACCESS WILL BE DENIED UNTIL THE UNPAID MONTHLY FEE(S) ARE PAID IN FULL.

ACKNOWLEDGE AND RELEASE:

THE UNDERSIGNED DECLARES THAT THE STATEMENTS MADE HEREIN ARE FOR THE EXPRESS PURPOSE OF OBTAINING ANY OF THE FOLLOWING: EFT, CREDIT CARD, MERCHANT ACCOUNT, GATEWAY SET-UP AND GETTING SETUP WITH FINANCIAL PROCESSING COMPANIES, AND ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT. THE APPLICANT EXPRESSLY GRANTS PREMISSION FOR ALLIANCE PAYMENT TECHNOLOGIES INC AND E-ONLINE DATA TO OBTAIN INFORMATION REGARDING THE PERSONAL AND BUSINESS HISTORIES REFERENCED IN THIS APPLICATION WHICH INCLUDES BUT IS NOT LIMITED TO PERSONAL AND BUSINESS CREDIT HISTORIES AND PUBLIC RECORDS SEARCHES CRIMAL RECORD SEARCHES, BANK AND TRADE VERIFICATIONS, AND OTHER RISK ANALYSIS AS DEEMED NECESSARY. THE APPLICANT UNDERSTANDS THAT ADDITIONAL INFORMATION MAY BE REQUIRED CONSIDERATION CAN BE GIVEN TO THIS APPLICATION.

SIGNATURE

DATE

