



America Care Service Club Membership Credit Card Authorization Form

Today's Date (Date of Agreement): _____

Customer Name: _____

Service Club Type: **RED:** \$11.95/month OR \$143.40/year

WHITE: \$19.95/month OR \$239.40/year

BLUE: \$29.95/month OR 359.40/year

Draft Date: 1st of Every Month 15th of Every Month Annual Payment

Card Type: _____

Card Number: _____

Card Expiration Date: _____/_____/_____ CVV: _____

Name as it Appears Exactly on Card: _____

Card Billing Address: _____

City: _____ State: _____

Client Signature or Verbal Approval: _____