



Swim Lesson Credit Card Authorization

I, _____, do hereby authorize Colorado Life Lessons, LLC to retain the following information on file:

Credit Card Type _____

Credit Card Number _____

Expiration Date _____ 3-Digit Security Code _____

Name As It Appears On Card _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email Address _____

Fax Number _____

Receipts will be provided by email.

Signature _____ Date _____