



CREDIT CARD AUTHORIZATION FORM

Please print clearly

DATE _____

PAYEE NAME _____

PLAYER NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

PHONE _____

E-MAIL ADDRESS _____

Reason for charge _____ Total \$ _____

(By paying by credit card I understand that I will be charged a 3% service fee).

Charge my card

Credit Card Type

VISA Mastercard AMEX Discover

Credit Card # _____

Expiration Date _____ Billing Zip Code _____

CVV Code (3 digit code on back of card) _____

SIGNATURE _____