

CREDIT CARD AUTHORIZATION FORM

Please fill out form and attach to Registration



CONTACT #: _____

E-MAIL: _____

Team Name: _____

Name as it appears on credit card: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

____ Visa ____ MasterCard ____ American Express ____ Discover

Credit Card Number: _____ Exp. Date: ____ / ____

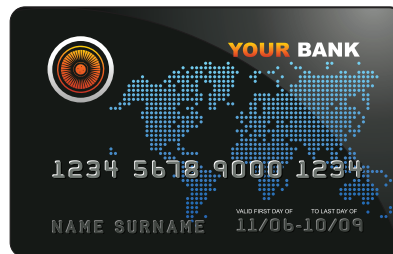
Credit Card Identification Number *: _____

Amount to be charged on credit card: _____

Signature: _____ Date: ____ / ____ / ____

*Locating the Credit Card Identification Number

Visa/Master card is 3-digits on the back
Amex/Discovery are 4-digits on the front



3-DIGIT SECURITY CODE

