

Credit Card Authorization Form

Duplicate the Form as Necessary

Team: _____

Card Holder Information / Billing Address

All credit card payments must include the complete billing address and zip code.

Cardholder Name _____

Address _____

City _____

State _____

Zip _____

Day Phone _____

Cell Phone _____

E-mail Address _____

Card Information

Credit Card Type Visa Mastercard Discover Amex

Card Number _____

Card Expiration Date _____ CID / SECURITY # _____

Amount Being Charged \$ _____ **Note: 3% fee will be added to Credit Card Payments.**

I approve the amount above be charged to the credit card number above. I also agree to have a 3% convenience fee added to the total charge.

X _____

Card Holder Signature

Office Use Only

Date Rcvd: _____ Amount: _____ Note: _____