



# Credit Card Authorization Form

Please fill out form and attach to Registration

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



OPTIMA



STANDARD



BLUE

The **4-digit** security code is printed above your account number on the **face** of your card.



Presented by