

949

ATHLETICS

CREDIT CARD AUTHORIZATION FORM
AMEX-VISA-MASTERCARD-DISCOVER
SCAN AND EMAIL BACK TO JUSTIN@949VB.COM
OR DROP OFF IN THE "DUES BOX" NEXT TO THE OFFICE

DATE: _____

PLAYER NAME: _____

NAME ON THE CARD: _____

PAYMENT AMOUNT: \$ _____

CREDIT CARD NUMBER: _____

EXP DATE: _____

CVV# _____

BILLING ZIP CODE: _____

X _____
SIGNATURE