A logo with blue text

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Credit Card Authorization Form

EFFECTIVE 8/1/2023- A SERVICE FEE OF 3% WILL BE ASSESSED TO ALL CREDIT CARD PAYMENTS

Please complete the information required below and return this signed document by fax or email.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Card Holder: *(Print)* |  | | | |
| Signature: |  | | | |
| Billing Address: |  | | | |
| City, State, Zip Code: |  | | | |
| Credit Card Number: |  | | | |
| Expiration Date: |  |  |  |
| CVC Code (3 digits on back of card): |  | | | |
| Amount: |  | | | |
| Order/Invoice Number(s): |  | | | |
|  |  | | | |
| PO/Description |  | | | |
| Event Code: |  | | | |
| Team Number: |  | | | |
| Phone Number: |  | | | |
| Email Address (required for receipt): |  | | | |