



Credit Card Authorization Form



School/Gym Name: _____

Coach Name: _____

Customer Number: _____ Invoice Number: _____

Event/Session Code: _____

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____

Street Address

City State Zip Code

Email Address: _____

Phone Number: _____

Amount to Charge: _____

If payment is for an individual,
please give name of individual: _____

Signature: (as name appears on credit card) _____

Your credit card will be charged the amount specified above.
Please re-read the payment schedule and information pertaining to refunds,
cancellations and credit card charges. By submitting this authorization form
you acknowledge and accept its contents.

For your security, please do not email this form.
Complete and return by fax or mail.

FAX
completed
form to:
972.840.4054

MAIL
completed
form to:
2010 Merritt
Drive
Garland, TX
75041