



Credit Card Authorization Form

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to **Peninsula Juniors Volleyball Club at (650) 365-3489**.

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Debit Discover

Account type: Individual (personal credit card)

Corporate | Company Name: _____

Account number: _____ Exp. date: _____

Address: _____
(where statement is mailed)

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Player Information

Player name: _____

Team: _____

Home Phone N.: _____ Fax or alternate number: _____

Confirmation number: _____

I authorize Peninsula Juniors to charge my credit card for the following items:

<u>Qty</u>	<u>Short Description of Item or Service</u>	<u>Total</u>	<u>Total Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

I certify that all information is complete and accurate. I hereby authorize **Peninsula Juniors Volleyball Club** to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____