



**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: \_\_\_\_\_