

Top Select Volleyball Academy

CREDIT CARD AUTHORIZATION FOR 2011-2012 CLUB SEASON

Athlete:

Parent's Name: \_\_\_\_\_

Credit Card (circle one)...MasterCard.....Visa .....AMEX.....Other (\_\_\_\_\_)

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

For Visa/MasterCard (3 digits on back of card)

For AMEX (4 digits on front of card)

Billing Address for Credit Card:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Card Holder's Signature of Authorization:

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

