



# CREDIT CARD AUTHORIZATION FORM

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**FAX**  
completed  
form to:  
972.840.4054

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

School/Gym Name: \_\_\_\_\_

Coach Name: \_\_\_\_\_

Customer Number: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

Event/Session Code: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Amount to Charge: \_\_\_\_\_

Signature: (as name appears on credit card) \_\_\_\_\_