WI Elite Girls Basketball Club LLC

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD TYPE Visa [ ] Mastercard [ ] Discover [ ]

CREDIT CARD # _____

EXPIRATION DATE _____

CARD SECURITY CODE _____ (3-digit code on back of card in signature line)

NAME ON CARD _____
(Print Name as it appears on card)

BILLING ADDRESS _____

_____

REMIT RECEIPT BY [ ] EMAIL: _____

[ ] BILLING ADDRESS ABOVE

[ ] FAX NUMBER: (____) _____-_____

I, _____, authorize WI Elite Girls Basketball Club LLC to charge my credit card for the following: _____

_____.

Amount to be billed $_____

_____ _____
SIGNATURE DATE

MAIL THIS FORM TO:
WI Elite Girls Basketball Club LLC
Attn: Accounting
P.O. Box 149
DeForest, WI 53532
(608) 332-1920

Credit card information will not be kept on file with WI Elite Girls Basketball Club LLC. All credit card information will be destroyed after appropriate charges have been processed.