



CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION		
Card Holder Name:		
Address:		
Phone:		Fax:
City / State / Zip:		
Email:		
Player(s) Name(s):		
Credit Card Type:	<input type="checkbox"/> AMEX	<input type="checkbox"/> Visa <input type="checkbox"/> M/C
Credit Card Number:		
Expiration Date:		SSV:
Authorized Amount:	US \$	Charge Date:
Concept/Reason:		
Recurring Charge?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monthly X _____ Months

I hereby authorize Weston FC to make a one-time charge to my credit card as my contribution and in consideration to the travel expenses of the player(s) referenced above.

I understand that a five percent (5%) surcharge will be added to this amount to cover financial and administrative charges for this transaction.

Once completed and signed, please scan and email this form to teamaccounts@westonfc.org or fax to: (954) 252-7222

Cardholder Signature: _____ Date: _____

WESTON FC OFFICIAL USE ONLY

Date Charged: _____ Approval Code: _____

Posted to Team: _____ Date: _____

By: _____