



CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION		
Card Holder Name:		
Address:		
City / State / Zip:		
Phone:		
Email:		
Player(s) Name(s):		
Team Name:		
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 your child's Team Manager.

Cardholder Signature: _____ Date: _____

WESTON FC OFFICIAL USE ONLY

Date Charged: _____ Approval Code: _____

Posted to Team: _____ Date: _____

By: _____