



**2010 Peninsula Juniors
and Tribe Volleyball Clubs
Credit Card Authorization Form**



This form has been created to allow you to charge third party expenses to your credit card. Please provide all the information requested below to ensure prompt processing of any charges necessary.

Cardholder Information

Name as it appears on the credit card: _____

Card Type: Visa MasterCard Discover Debit

Account Type: Individual (personal credit card)
 Corporate - Company Name: _____

Account Number: _____ Exp. Date: ____/____

Address on Account: _____

City, State, and Zip: _____, _____

Phone Number: _____

Player Information

Player Name: _____ Team _____

Home Phone: _____ Conf. # _____

I authorize Peninsula Juniors Volleyball Club to charge my credit card for the following:

<u>Short Description of Item or Service</u>	<u>Amount</u>	<u>Total</u>
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____

I certify that all information is complete and accurate. I hereby authorize Peninsula Juniors Volleyball Club to collect payment for all charges indicated above by processing a charge to the credit card listed above. I certified that I am the authorized signer of the credit card listed above.

Cardholder Name Printed: _____

Cardholder Signature: _____ Date _____