



## CREDIT CARD AUTHORIZATION FORM

Name of Cardholder: \_\_\_\_\_

Name of Athlete: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_ (We **DO NOT** accept American Express)

Card Number: \_\_\_\_\_ Security code \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

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

Signature of Cardholder: \_\_\_\_\_

- If your account is not current by the 1st of the month your card will be ran.
- There is a **\$25.00 per credit card failure fee**. Please inform Indiana Ultimate office staff of any changes to your credit card to avoid these charges

**ALL CREDIT CARD INFORMATION WILL BE HELD CONFIDENTIALLY BY INDIANA ULTIMATE OFFICE STAFF AND  
WILL NOT BE AVAILABLE TO ANY OTHER STAFF MEMBER**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date