



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: _____

- If your account is not current by the 1st of the month your card will be processed.
- 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

Signature

Date