

# Credit Card/Electronic Check Authorization Form



Fax: 856-294-0959



AUTHORIZATION Credit Card/Electronic Check for SEASON PASS for June 1, 2011 thru May 31, 2012

Gym or Organization Name: \_\_\_\_\_

Organization Representative: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Gym/Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

## CREDIT CARD INFORMATION:

The credit card information below will be used for charges made by the organization named above for authorized charges from June 1, 2011 through May 31, 2012. By signing this form it also authorizes any Season Pass Company to charge the card \$250 for any team that registers for an event but does not attend the event. (If authorizing an electronic check, the check number will have to be provided for each transaction.)

**Circle Type:**      **Visa**                      **Master Card**                      **American Express**                      **Check**

\_\_\_\_\_  
Name as it appears on Credit Card

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Check # \_\_\_\_\_

Amount Due: \_\_\_\_\_

Total Charge: \_\_\_\_\_

5% Processing Fee: \_\_\_\_\_

I, \_\_\_\_\_ Agree to the following Charges. \_\_\_\_\_

Card Hold Signature

Date