

Event _____

CREDIT CARD CHARGES

VISA [] MASTERCARD [] DISCOVER [] AM EXPRESS []

Customer Number

School / Team Name

Category

Card Number

Exp Date

Card Holders Name

Address

City

State

Zip

Daytime Phone Number

Cell Phone Number

E-Mail Address

AMOUNT TO CHARGE \$ _____

EXPLANATION OF CHARGES:

Charge Now []

Charge at a later date if payment is not received []

Date to Charge (two weeks from event) _____

CARD HOLDER SIGNATURE

**** By signing this form and marking "Charge at a later date", you are authorizing Varsity to charge the above card for balance due on specified date without further notification.**