



CREDIT CARD AUTHORIZATION

Please fill out the below form in order for us to process your credit card for payment.

Thanks for joining us at the Spring Allen Texas Classic

Name on Card _____

Credit Card Number _____

VISA MASTER CARD AMERICAN EXPRESS

Expiration Date ____/____/____

3 digit code on back of card _____

Zip code related to billing address _____

Amount to charge _____

Signature _____ Date ____/____/____

This form will be shredded after we process your payment and a copy of the receipt will be emailed to you. If you would rather email the above information as opposed to filling out this form, feel free to do so. Or call us with the information.