

CREDIT CARD AUTHORIZATION FORM

I hereby authorize charges to be applied to the following credit card.

Cardholder Name:
Credit Card Billing Address:
City:
State:
Zip Code:
Contact phone number:
Credit Card Type (Visa, etc):
Card Number:
Expiration Date:
Signature of Card Holder:
Signature of Card Holder:
Date:
Please fax or email this completed form to: Nicole Ward – 312-808-9263 or nward@ussoccer.org.
All information is kept confidential.