



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential

Name on Card : _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Player's Name: _____

Coach Name: _____

Card Billing Address: _____

Amount to Charge: \$ _____ (USD)

I authorize **FCVCS United Inc.** to charge the amount listed above to the credit card provided herein. Charges will be made on the _____ calendar day of each month beginning _____ and concluding on _____. I agree to pay for these charges in accordance with the issuing bank cardholder agreement.

Cardholder – Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to your Team manager or mail to following:

Fever United Inc - Attention: Willard Smith – PO Box 1931 – Colleyville, Tx 76034