

Credit Card Authorization Form

Instructions: Print form and complete all fields, sign, and email to: tommy.voss@playncs.com

Name (required)

<input type="text"/>	<input type="text"/>
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First Name

Last Name

Billing Address (required)

Street Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

Zip

Email Address (required)

example@example.com

Billing Phone Number (required)

<input type="text"/>	<input type="text"/>
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Area Code

Phone Number

Credit Card Details (required)

<input type="text"/>	<input type="text"/>
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Credit Card Number

Security Code (CVC)

Expiration Date 00/00

I, as a Director with NCS, hereby authorize National Championship Sports to charge my credit card (using the credit card information provided in this form), invoiced fees if accurate and complete, such as team insurance and other associated fees, if not received by the communicated deadline.

I confirm that the credit card information and billing information are complete and accurate.

YES (required)

Signature

Date 00/00/0000