



## CREDIT CARD AUTHORIZATION FORM

Name of Cardholder: \_\_\_\_\_

Name of Athlete: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_ (We **DO NOT** accept American Express)

Card Number: \_\_\_\_\_ Security code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

- If your account is not current by the 1st of the month your card will be processed.
- There is a **\$25.00 per credit card failure fee**. Please inform Indiana Ultimate office staff of any changes to your credit card to avoid these charges.

**ALL PERSONAL INFORMATION AND CREDIT CARD INFORMATION WILL BE HELD CONFIDENTIALLY BY INDIANA ULTIMATE OFFICE STAFF AND WILL NOT BE AVAILABLE TO ANY OTHER PERSON OR ENTITY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date