



## **Credit Card Payment Form**

Name of Team(s): \_\_\_\_\_

Tournament Entered: \_\_\_\_\_

Number of Teams entered: \_\_\_\_\_

***\*3% processing fee will be added for credit card payments***

Credit Card Information: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ AMEX

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Visa/MC/ Discover)

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (AMEX)

Expiration Date: \_\_\_\_\_ (month) / \_\_\_\_\_ (year)

Billing Address of Card holder:

\_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (Zip)

Printed Name of Card Holder: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_