

CAPE COAST VOLLEYBALL CLUB
P. O. BOX 541472
MERRITT ISLAND, FLORIDA 32954

CREDIT CARD AUTHORIZATION FORM
PERSONAL & CREDIT CARD INFORMATION

CREDIT CARD TYPE: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____

THIS CREDIT CARD IS A REGISTERED CARD

CARDHOLDERS NAME: _____ BILLING PHONE NUMBER: _____
(AS IT APPEARS ON THE CARD)

BILLING ADDRESS: _____ ZIP CODE _____

PER MY REQUEST, I _____ HEREBY AUTHORIZE CAPE COAST VOLLEYBALL CLUB TO CHARGE \$ _____ ON THE CREDIT CARD ACCOUNT LISTED ABOVE IF I DO NOT PAY MY BILL BY THE APPOINTED DATES LISTED BELOW.

Tuition will be paid in 4 installments this year for national and travel and league teams beginning Dec. 3rd, 2007, Dec 23, 2007, Jan. 15, 2008, & Feb. 15, 2008

A late fee will be assessed if the payment is postmarked by the due date. If monthly installments are not made in full, the athlete will not be able to participate in practices or tournaments until payment is made. If payments are not made on time, we will charge your credit card on file

DATE: _____ CARDHOLDERS SIGNATURE: _____