

DALLAS TEXANS SOCCER CLUB
Credit Card Payment Form

Players Name: _____

Team Name: _____

Managers Name: _____

Coaches Name: _____

Credit	Visa	
	MasterCard	

Please check appropriate box

Card Types Accepted

Amount Due \$ _____ . _____

Processing Fee (3.5%) _____ . _____ (multiply Amount Due x .035)

Total Charged \$ _____ . _____

Card Number _____

Expiration Date month _____ year _____ Card Verification Number * _____

*This is the last 3 digits of the number on the back of the Visa, MasterCard.

Name as shown on Card _____

Address _____

City _____ State _____ Zip _____

Fax to: 972.612.4419