

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential

Player's Name: _____

Team Name (age group & Coach ex: 2007G Penn): _____

Name on Card: _____

Billing Address: _____

Parent email address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Amount to Charge: \$125.00 (USD)

I authorize **Fever United Inc** to charge the amount listed above to the credit card provided herein. Charges will be made on the **25th** calendar day of each month beginning _____ and concluding on **June 25, 2023**. I agree to pay for these charges in accordance with the issuing bank cardholder agreement.

Cardholder – Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to your Team manager or you can email or send via postal to following:

Fever United Inc - Attention: Willard Smith – PO Box 1931 – Colleyville, Tx 76034

Email: registrar@feverfc.com