



2015-16 CREDIT CARD AUTHORIZATION FORM

By filling out this form and submitting to Miami Elite Volleyball Club, I authorize Miami Elite to charge the card and amount according to the information listed.

Email the completed form to authorize payment: SMmiamielitevbc@gmail.com.

Athlete's Full Name: _____ Team: _____

Parent's Name(s): _____

Parent's Email(s): _____

Parent's Phone Numbers(s): _____

Please select one of the following cards and provide the requested information:

VISA

MASTER CARD

AMERICAN EXPRESS

DISCOVER

Card Number: _____ Exp Date: _____

Card Code: _____ Zip Code: _____

Amount(s) to be charged: _____

Dates(s) to be charged: _____

Cardholder's Signature: _____ Date: _____

Print name and give relation to athlete: _____