



Credit Card Authorization Form
2008 Boys National Qualifier for Basketball



Instructions:

- 1) Complete Form
- 2) Sign where indicated
- 3) Submit by mail or fax

Submit to:

- 1) WI-AAU National Qualifier/Girls Basketball
2409 Stout Road Suite #1
Menomonie, WI 54751
715-231-4004 (f)

Cardholder Name: _____

Email Address: _____

Daytime Telephone: _____

I authorize a charge against my credit card in the following amount: \$ _____

Credit Card (choose one): () Mastercard () Visa () Discover () American Express

Card Number: _____

Expiration Date: _____

Billing Address (where credit card statements are sent):

Cardholder Signature

Date