

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential

Please only complete required information in blue boxes

Name on Card:

Billing Address:

Cell #

Email

Credit Card Type:  Visa  Mastercard  Discover  AmEx

Credit Card Number:

Expiration Date

Card Identification Number:  (\*last 3 digits located on the back of the credit card)

Amount to Charge: \$  -  (USD)

Transaction Fee: I am aware that a transaction fee in the amount of 3.2% + \$0.30 per transaction will be added to each transaction.

**Total Amount to Charge: \$  0.30 (USD)**

I authorize Davie United United Soccer Club, Inc. to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank acrdholder agreement.

Cardholder - Please sign and date.

Signature:

Date:

Print Name:

**Return the completed and signed form to the following:**

Director of Operations  
Davie United Soccer Club, Inc.  
PO Box 292171  
Davie  
FL, 33329-2171

info@daviesharks.com