



## CREDIT CARD AUTHORIZATION FORM

**I hereby authorize referee related charges to be applied to the following credit card.**

State Association: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CSC/Security Number: \_\_\_\_\_

**Signature of Card Holder:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please fax this completed form to:** Adrian Garibay – 312-808-9263

*All information is kept confidential and used only for the purposes as noted above.*