

# Maverick Volleyball Club

## CREDIT CARD AUTHORIZATION FORM

In order to pay club dues, or purchase uniform items, or other club related costs we need to obtain authorization for payment. Please complete and mail the form back to us.

### *Instructions*

1. Complete the form by printing legibly with a dark pen.
2. Sign with the credit card holder's signature on the line indicated.
3. Mail this form to:

**MAVERICK VOLLEYBALL CLUB**  
**4300 Brookpark Road**  
**Cleveland, OH 44134**

I, \_\_\_\_\_, hereby authorize Maverick Volleyball Club to charge my credit card account in the amount of \$\_\_\_\_\_ plus a 3% processing fee.

Type of Card (Circle one)      Master Card      Visa

### **Credit Card Number**

\_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **CVC Code** (last three digits of the number on the back side of the card)

### **Credit Card Billing Address**

**Name as it appears on the card:** \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of merchandise or services at the address above.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_