

# **BREA WRESTLING**

## Credit Card Authorization Form

### CARDHOLDER INFORMATION

Name: BREA WRESTLING BOOSTERS/

Billing Street Address: \_\_\_\_\_

Street Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

Direct Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### PURCHASE INFORMATION

ITEM/: Gatorade/Water Donation

I authorize a one-time charge against my credit card for the follow amount \$ 25.00

### CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

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

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Code: \_\_\_\_\_

**TO INSURE PRIVACY PLEASE TEXT PICTURE OF ENTIRE COMPLETED FORM TO:  
JUAN SALAS AT (714)553-8667**

PLEASE MAKE SURE TO SIGN THE CARDHOLDER SECTION OF FORM. The phone # above is also his cell-phone call with any concerns.