

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/: _____

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

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.