BREA WRESTLING

Credit Card Authorization Form

Security Code:

CARDHOLDER INFORMATION Name: BREA WRESTLING BOOSTERS/_____ Billing Street Address:_____ Street Address (cont.): City:_____ State:____ Postal Code:_____ Country: Email **PURCHASE INFORMATION** ITEM/: Sponsorship Please Circle either \$150.00 1 year Banner/Web, \$250.00 Banner, Web, Blast, E-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___/____

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.