

# **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/: Sponsorship Please Circle either **\$150.00** 1 year Banner/Web, **\$250.00** Banner, Web, Blast, E-mail \_\_\_\_\_

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.