



Pinecrest Premier Soccer Club

Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa ___ MC ___ AmEx ___

Account number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

In Payment Of _____

Amount to be Charged _____

By signing this form, you authorize Pinecrest Premier Soccer Inc. to charge your card for the amount listed above.

Signed: _____ Date: _____