

Authorization for Credit Card Use

COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card:

Billing Address:

Credit Card Type: Visa Mastercard Discover AmEx

Credit Card Number:

Expiration Date:

Card Identification Number: last 3 digits located on the back of the credit card)

Amount to Charge: \$ (USD)

I authorize Escondido Girls Softball League to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

by Typing Name Below you are digitally signing

Signature:

Date:

Print Name:

Email:

Return the completed and signed form to the following:

Mail: Escondido Girls Softball League

P.O. Box 1208, Escondido, CA 92033

Email: financedirector@egsl.org