

ATHLETIC ROOM

CREDIT CARD AUTHORIZATION

FAX THIS COMPLETED FORM TO: (818)-764-9802

OR E-MAIL TO : ATHLETICROOM@MAC.COM

Please Note: A 3% Fee Will Be Applied To All Credit Cards

Company: _____

Address: _____

(Your billing address - must match the address held by your card company)

Telephone No: _____ Fax No: _____

As the credit card holder I hereby authorize ATHLETIC ROOM to process a charge on my credit card for the

amount of : \$ _____ U.S.Dollars

Please circle card type:

VISA

MASTERCARD

AMERICAN EXPRESS

Name on the card: _____

Card number: _____

Expiration date: ____/____
month year

Security Code: _____

Cardholder's signature

____/____/____
Date