

# CREDIT CARD AUTHORIZATION FORM



Gold Star Soccer  
52 Chateaugay Street  
Chicopee, MA 01020  
413.246.1367

DATE \_\_\_\_\_, 20\_\_\_\_\_

Being the cardholder, by signing below I understand my signature on this contract will serve as my authorization on the credit card and agree to the terms set forth in the year round youth soccer program with Gold Star Soccer, agree to pay, and specifically authorize Gold Star Soccer to charge my credit card, for any delinquent payments over thirty (30) days. I further agree that in the event my credit card becomes invalid, I will provide Gold Star Soccer with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to Gold Star Soccer. I understand that using a credit card fraudulently is illegal and charges will be pursued to the full extent of the law.

I authorize Gold Star Soccer to charge a monthly amount of \$ \_\_\_\_\_ to my:  
(circle one)

VISA

MASTERCARD

Credit card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Exp. Date) \_\_\_\_\_

Three digit verification code \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_



\_\_\_\_\_  
Print name as it appears on the credit card

\_\_\_\_\_  
Three digit verification code

\_\_\_\_\_  
Signature

Contact Phone \_\_\_\_\_