



CREDIT CARD AUTHORIZATION FORM

PLAYER NAME: _____

CARDHOLDER NAME: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

CVV #: _____

ZIP CODE: _____

CARDHOLDER PHONE #

CARDHOLDER PHONE
#: _____

I authorize Be Elite Basketball to use this credit card for monthly dues for all of my son or daughter's dues as outlined in the Be Elite Basketball Contract.

Authorized Cardholder Signature: _____

Date: _____