Credit Card Authorization Form

Credit Card Type:_____

Name (as it appears on the card):	
Billing Address:	
Billing City, State and Zip Code:	
Credit Card Number:	
Expiration Date:	
V Code: **3 Digit code on back of the credit card**	
Amount to Be Billed: Total amount due	$_____._____
Billing Date:	
Name (if different than card): _____	License Type (circle): 1.**Athlete 2. Promoter 3. Inspector** **4. Matchmaker 5. Judge** **6. Referee 7. Timekeeper 8. Second**

I,_____, authorize the use of my credit card described above for charges related to the services and products provided by California Amateur Mixed Martial Arts Organization, Inc.

_____ _____

Cardholder's Signature **Date**

_____

Cardholder's Email Address (for electronic receipt)

Please fill out and fax back for approval.