



Credit Card Authorization Form

Credit Card Type: _____
 (ie. MasterCard, Visa, Discover, AMEX, ect)

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): _____	<p>License/Fee Type (indicate):</p> <p><input type="checkbox"/> Athlete <input type="checkbox"/> Promoter <input type="checkbox"/> Inspector <input type="checkbox"/> Insurance</p> <p><input type="checkbox"/> Matchmaker <input type="checkbox"/> Judge <input type="checkbox"/> National MMA ID</p> <p><input type="checkbox"/> Referee <input type="checkbox"/> Inspector/Timekeeper <input type="checkbox"/> Event Fee</p>

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 Email Address (for electronic receipt)

Cardholder's Signature

Date