

# Credit Card Authorization Form



## Card holder Information

Name (as appears on card)

Card Type  AMEX  MasterCard  Visa

Card Number      Expiry date  /  CCV

Daytime phone number  eMail Address

## Authorization

**Please charge my Credit Card (check if applicable)**

Business/Organization/Individual payment for

**ONE TIME PAYMENT**

Order/s and/or Invoices  Total Amount

**FOR ALL ORDERS**

Order/s confirmation/s will be sent through from Admiral Sports to the Customer prior charges being applied to your credit card.

**This form is valid for a maximum of one year from date of issue**

*This is to confirm that The Axis Sports Group AKA Admiral Sports is authorized to accept telephone, email and/or fax order/s from us, charge the cost of this/these order/s to my credit card and ship the merchandise as requested. By signing this document, I am accepting all responsibility for this/these transaction/s to ensure full payment to the merchant. I will inform you immediately if this card is no longer valid.*

Signature of cardholder  Date

Print Name