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/sfrom us, charge the cost of this/these order/s to my credit card and ship the merchandise as requested. By signingthis 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 I will inform you immediately if this card is no longer valid.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

Tel. **905.731.5890**
Fax **905.731.3160**
Toll free Fax **800.823.1633**
Toll free **888.646.6822**

www.admiral-sports.com