

Cleveland Field Hockey Club LLC

Credit Card Authorization Form

Fax to 216-251-9722 or Email clefhc@gmail.com

Name on the Card: _____

Type of Card: Visa MC AmEx Discover

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Order/Invoice Number _____

Item(s) Purchased _____

Amount to be Charged

	+ 3.65%	Total Amount
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Being the cardholder for the above debit or credit card, I understand and agree to the terms of this Authorization, agree to pay and specifically authorize Ahyodha Kishna and/or Cleveland Field Hockey Club, LLC to charge my debit or credit card for services provided. I further agree that in the event my debit or credit card becomes invalid, I will provide a new debit or credit card upon request, to be charged for the payment of any outstanding balance owed. I confirm that I have received the services contemplated by this Authorization.

Signed: _____

Date: _____