



**CREDIT CARD AUTHORIZATION
ABSOLUTE FENCING GEAR PAYMENT**

Fencer's Name: _____ **Date:** _____

CONTACT INFORMATION OF CARD HOLDER:

Telephone Number: Home Mobile _____

Email Address: _____

The information below must match that which the credit card issuer has on file for that card.

PRINT CARD HOLDER NAME: _____

Billing Address: _____

City, State: _____ **Zip Code:** _____

Type of Card: **Visa** **Master Card** **Discover**

Credit Card Number: _____ **Expiry Date:** _____

Amount Authorized: _____

Card Holder Signature: _____

Please note, once this form is digitally signed, the fields will become read-only and you will not be able to change them on your computer.