

Credit Card Authorization Form



Please complete all sections and direct this form to registration@nfrackclub.org

Date

Athlete
Name

I, _____, authorize NFRONT Track Club, to bill the credit card listed below as the method of payment to cover the following charges as stated below.

This is approved ONLY for (Check all that apply):

Name on
Credit Card

- PRIMARY ATHLETE
- ADDITIONAL ATHLETE
- TRAINING ONLY
- ADDITIONAL TRAINING ONLY
- UNIFORM / DEPOSIT
- OTHER

Type of Visa
Credit Card MasterCard

Credit Card
Number

Expiration
Date

CVV
Code

Total Amount
Charged \$

Authorized
Cardholder

By signing this, I acknowledge the charges described on this form, assume full responsibility for said charges, and agree to honor and abide by the terms of payment. I acknowledge and accept NFRONT Track Club's Terms and Conditions.

Signature