



**POTTSTOWN LITTLE LEAGUE
BASEBALL AND SOFTBALL**
P.O. BOX 1004
POTTSTOWN, PA. 19464



CREDIT CARD AUTHORIZATION FORM

Visa MasterCard Discover Debit Card

(Please check one)

Amount to be charged: \$ _____ Credit Card Number: _____

Cardholder Name: _____

Cardholder Street Address: _____

Cardholder City, State & Zip Code: _____

Card Security Code: _____ Expiration Date: _____
(3-digit number on back of card)

Please consider this my authorization to charge the above amount to the Visa, MasterCard, Discover or Debit Card account listed above. *This authorization is for the amount stated above and may not be used for any other charges without my written consent.*

Cardholder Signature: _____ Date: _____

Phone Number: _____ E-Mail Address: _____



**POTTSTOWN LITTLE LEAGUE
BASEBALL AND SOFTBALL**
P.O. BOX 1004
POTTSTOWN, PA. 19464



CREDIT CARD AUTHORIZATION FORM

Visa MasterCard Discover Debit Card

(Please check one)

Amount to be charged: \$ _____ Credit Card Number: _____

Cardholder Name: _____

Cardholder Street Address: _____

Cardholder City, State & zip code: _____

Card Security Code: _____ Expiration Date: _____
(3-digit number on back of card)

Please consider this my authorization to charge the above amount to the Visa, MasterCard, Discover or Debit Card account listed above. *This authorization is for the amount stated above and may not be used for any other charges without my written consent.*

Cardholder Signature: _____ Date: _____

Phone Number: _____ E-Mail Address: _____