

Coast to Coast Softball

Credit Card Authorization Form

Cardholder's Name _____

Name of person(s) traveling _____

Circle One: Visa MasterCard

Account #: _____

Exp. Date _____ Today's date _____

SPECIAL NOTE Regarding CREDIT CARDS: Please be aware that there is a 3% fee for all credit card charges. 3% of the total amount you wish to charge will be added to the payment amount. **These fees are non-refundable.** Please initial _____

Please Choose One of the Following Methods of Payment:

One-Time Charge:

I authorize Coast to Coast Softball, Inc. to make a ONE TIME CHARGE \$ _____ (amount) to credit card listed below for my/my child's participation in the Coast to Coast Softball program. I have read and understand your cancellation and refund policy. I also understand my billing statement charge will appear from "Coast to Coast Softball" for the amount above. *Please be reminded that there is a 3% charge of the total credit card charge amount.*

Cardholder Signature: _____ Date: _____

Multi-Pay Option:

I authorize Coast to Coast Softball, Inc. to make a charge the following credit card **EACH TIME A PAYMENT IS DUE** (as outlined on the Rates and Payment Schedule Sheet) for my/my child's participation in the Coast to Coast Softball program. I have read and understand your cancellation and refund policy. I also understand my billing statement charge will appear from "Coast to Coast Softball" for the amount above.

Cardholder Signature: _____ Date: _____

Please complete and FAX (860-432-8343) please call 877-373-2068 first, if you are faxing or mail this form to:

**Coast to Coast Softball
PO Box 604
Manchester, CT. 06045**

Special Note: If you typically do not make purchases this large with the card listed above you may wish to call and alert your card company to this upcoming charge. Many companies now have anti-fraud policies that automatically decline larger-than-usual charges.