

PAYMENT BY CREDIT CARD FORM

****All information MUST be completed in full****

By signing this form you agree to allow Excel International Sports, LLC to charge your credit card the amount specified below.

Participant Information:

Participant's Name: _____

Group Name: _____

Tel. #. _____ Email _____

Credit Card Information:

Credit Card Type: Visa Mastercard

Credit Card Number: _____

Expiration Date: _____

Amount Authorized: \$USD _____

Security Code (3-digit found on the back of card): _____

Cardholder's Name Printed (as appears on Credit Card):

Credit Card Billing Address:

Cardholder's Signature:

Date: _____