



Arizona Region of USA Volleyball Credit Card Payment Authorization Form

I authorize the Arizona Region of USA Volleyball to charge my credit card as described below:

Circle One:      VISA                      MasterCard                      American Express                      Discover

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Amount \_\_\_\_\_

Name on Card: \_\_\_\_\_ Phone # (      ) \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Security Code \_\_\_\_\_

Address of Cardholder \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_



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