



If you would like to pay by credit card, simply fill out this form in its entirety and return to us.

CREDIT CARD TRANSACTION AUTHORIZATION

Please fill out completely

Customer/Account Name: _____

Address: _____

City, state, zip: _____

Phone: Home _____ Work _____

CREDIT CARD INFORMATION

Cardholder's name: _____

CC billing address: _____

CC billing zip code: _____ Cardholder's phone #: _____

Credit card number: _____

Exp. Date: ____/____

Card type (circle): VISA M/C AMEX DISCOVER

AUTHORIZATION

I, (*print name*) _____ do hereby authorize

R.I. Sports Center, Inc. to charge \$_____ to the above noted credit card for

goods and/or services rendered. (Camp, program, player name/team: _____)

Authorized Signature

Dated: _____

R.I. Sports Center, P.O. Box 37, Manville, RI 02838, 401-762-1588 Tel., 401-762-3631 Fax.

There will be a 2.99% processing fee for all credit card payments.