



## CREDIT CARD AUTHORIZATION FORM

Payment for Travel / Hosting / International Game /Match Agent (Pick one): \_\_\_\_\_

Competition/Tournament Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

E-mail address to send receipt: \_\_\_\_\_

Credit Card Type (e.g. Visa, MasterCard, etc): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV code: \_\_\_\_\_

### Credit Card Billing Address

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**I hereby authorize charges to be applied to the following credit card.\***

Signature of Card Holder: \_\_\_\_\_

*\*All information is kept confidential and used strictly for the purposes of U.S. Soccer sanctioning.  
This form is destroyed after charge is processed.*