

CREDIT CARD AUTHORIZATION FORM

Date _____

I _____ Authorize _____ to charge my credit card
(NAME) (COMPANY)

For services rendered. Not to exceed the amount shown. REFERENCE _____
(Name of Activity)

AMOUNT \$ _____ USD.

ATTACH RECEIPT HERE

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

ISSUED DATE _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

SIGNATURE

DATE

FAX OR MAIL TO:

Central Intercollegiate Athletic Association (CIAA)
PO Box 7349
22 Enterprise Parkway, Suite 210
Hampton, VA 23666
(757) 864-0162
(757) 865-0633 fax

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES: VISA, MASTERCARD, AND AMERICAN EXPRESS ARE ACCEPTED. NEW: NOW ACCEPTING DISCOVER CARD
