

GTAHA Credit Card Authorization Form

Name of Player

Team

Cardholder's Name

Billing Address

City

State

Zip

_____-_____-_____
Phone (Incl area code)

e-mail address

Type of Card: Visa Mastercard

Card Number _____ - _____ - _____ - _____ Exp Date ____/____

3 digit V code _____ (last 3 digits on signature line on back of card)

I hereby authorize the Greater Toledo Area Hockey Association (GTAHA) to charge the account noted above for the amounts and months shown below:

Month	Year	Amount
JUL		\$
AUG		\$
SEP		\$
OCT		\$
NOV		\$
DEC		\$
JAN		\$
FEB		\$
MAR		\$
APR		\$
MAY		\$
JUN		\$

Signature

Date