



## Credit Card Authorization Form

NAME OF GUEST HOSTING EVENT:

---

CARDHOLDER'S NAME:

---

COMPANY NAME:

---

EMAIL ADDRESS:

---

DATE OF EVENT:

---

CARDHOLDER OR HOST OF EVENT ADDRESS:

---

CONTACT PHONE NUMBER:

---

AMOUNT TO BE CHARGED:

---

CREDIT CARD NUMBER:

---

CVV CODE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SIGNATURE:

---

TODAY'S DATE: \_\_\_\_\_

I AUTHORIZE ACTION SPORTS MANAGEMENT TO CHARGE MY CREDIT CARD THE AMOUNT LISTED ON THIS FORM.

PAYMENT TO: ACTION SPORTS MANAGEMENT GROUP, LLC. FACILITY ADDRESS: 30753 AVENIDA LA PLATA SAN JUAN  
CAPISTRANO, CA 92693 CONTACT COLIN HARRIS, CHIEF OF OPERATIONS (714) 514-3597