

CREDIT CARD AUTHORIZATION FORM

(Please Print)



Cardholder Name: _____

Credit Card Number: _____

Card Type: _____ Card Expiration: ____ / ____

(Visa, MasterCard, American Express, Discover)

Billing Address: _____

Billing City, State Zip (or if Int'l City, Country): _____

I authorize USA Basketball to charge the above credit card in the amount of: \$ _____

for the purpose of: _____

Cardholder Signature: _____ Date: _____

USA Basketball – 27 South Tejon Street, Suite 100, Colorado Springs, CO 80903

Phone: +1-719-590-4800 – Fax: 719-590-4811

Office Use Only:
