



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.*