

Coast to Coast Baseball

Credit Card Authorization Form

PLEASE NOTE: **There is a 3% service charge for all credit card transactions.**

Cardholder's Name _____

Name of person(s) traveling _____

Circle One: Visa MasterCard Discover

Account #: _____

Exp. Date _____ Today's Date _____

*Please Choose One of the Following Methods of Payment:

One-Time Charge:

I authorize Coast to Coast Amateur Athletics, Inc. to make a **ONE TIME CHARGE** of \$ _____ (plus 3% service charge) to my credit card listed below for my/my child's participation in the Coast to Coast Baseball program. I have read and understand your cancellation and refund policy. I also understand my billing statement charge will appear from "Coast to Coast Athletics" for the amount above.

Cardholder Signature _____ Date: _____

Multi-Pay Option:

I authorize Coast to Coast Amateur Athletics, Inc. to charge the following credit card **EACH TIME A PAYMENT IS DUE** for my/my child's participation in the Coast to Coast Baseball program. I understand a 3% service charge will be added to all credit card payments. I have read and understand your cancellation and refund policy. I also understand my billing statement charge will appear from "Coast to Coast Athletics" for the amount above.

Cardholder Signature _____ Date: _____

Please complete and **FAX (740-373-7465)** or mail this form to:

**Coast to Coast Baseball
PO Box 389
Marietta, OH 45750**

Special Note: If you typically do not make purchases this large with the card listed above you may wish to call and alert your card company to this upcoming charge. Many companies now have anti-fraud policies that automatically decline larger-than-usual charges.