



Fax: 800.550.6850
Phone: 800.756.3555

This PDF is form-fillable!

Sales Person _____

Customer _____



Credit Card Authorization Form

If not returned within 24 hours, your order will be cancelled.

Please choose one: MasterCard Discover American Express Visa

Card Number	Expiration Date	Security Code
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Cardholder's Name
(Billing address of credit card*)

Business Name
(Shipping Address)

Person(s) _____

Company Name _____

Street _____

Street _____

City _____ State _____

City _____ State _____

Zip Code _____

Zip Code _____

Telephone Number _____

Telephone Number _____

**Orders will be held if we are unable to verify the cardholder's billing address.*

Statement of Authorization

The purpose of this statement is to authorize Worldwide Sport Supply, Inc. (also stated forward as "the merchant") to process credit card transactions from above stated applicant. These transactions will be processed via phone, fax, or internet orders.

We will update the merchant upon the expiration date, change of address and/or other necessary information as the credit card stated above is renewed.

By signing this document, I/we am/are accepting all responsibility for these transactions to ensure full and proper payment to the merchant.

Cardholder's Name <i>(please print clearly)</i>	Cardholder's Signature	Date
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