



CREDIT CARD AUTHORIZATION FORM



Dear Sir/Madam,

We ask you to please sign and date the form before submission. Please email, fax, or mail the completed form with your agreement. Firme y feche antes de enviar por fax, correo, o email

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC

Account type: Individual (personal credit card)

Corporate | Company Name: _____

Account number: _____ Exp. date: _____

Address:
(where statement is mailed)

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Guest Information

Guest name: _____

Guest Name: _____

Guest name: _____

Arrival date: _____ Departure date: _____

Approved Charges

Registration Advertising Golf

I certify that all information is complete and accurate. I hereby authorize World Boxing Organization to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____