



Authorization for Credit Card Payment

Type of Credit Card: Visa MasterCard American Express Discover

Name on the Card: _____

Credit Card Number: _____

Expiration Date: ____/____/____ **Security Code:** _____

Billing Address: _____

City: _____ **Zip Code:** _____

I authorize Zia Athletic Club to charge my credit card for the following amount: \$ _____

Signature of Authorized Card Holder: _____

Players Name: _____ **Team:** _____

_____ (Initials) **Use this credit card to make all payments**

Fax form to: 623-433-8411
Email form to: maridethnelson@cox.net