



Credit Card Payment Form

Name: _____

Billing Address: _____
(Street) (City)

Zip Code: _____

Credit Card #: _____

Expiration Date: _____

Amount: _____

(Circle One)

Visa MC Discover Am Express

Recreational Select

Team: _____

Signature: _____

*****AUCSC will apply a 3% processing fee to all credit card transactions*****