

CREDIT CARD AUTHORIZATION FORM

Please complete this authorization form and return it to our office via fax 702-878-1571.

Cardholder Name: _____

Signature: _____

Address: _____

City: _____ State _____ Zip _____

Credit Card Type: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____
(American Express Card Holders use the last four digits on front of card)



Amount Charged: \$ _____ Deposit Payment in Full

Would you like the balance to be placed on this credit card? Yes No

Balance Charged: \$ _____

FAX or e-mail the authorization to:
Las Vegas Sports Academy
4630 West Post Road
Suite 100
Las Vegas, NV 89118
Phone: 702-878-3644 Fax: 702-878-1571
tiffany@lv-sa.com