

# CREDIT CARD AUTHORIZATION FORM

Please complete this authorization form and return it to our office or email to [jim.lvsa@gmail.com](mailto:jim.lvsa@gmail.com).

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: \$ \_\_\_\_\_

**Deliver or Email to:**  
**Las Vegas Sports Academy**  
**7660 W. Cheyenne Ave. Ste. 101**  
**Las Vegas, NV 89129**  
**Phone: 702-878-3644**  
**[jim.lvsa@gmail.com](mailto:jim.lvsa@gmail.com)**