

FAST Swim Team
 Credit Card Authorization Form
 Date: _____

I, _____, authorize Fullerton Aquatics Sports Team, Inc. to charge my
 (Please Print Name)
 credit card as specified below.

Amount	\$
Credit Card Type	
Credit Card #	
Security Code / CV2 #	
Issue Date	
Expiration Date	
Billing Address	
Name on Card (as it appears on card)	

Signature: _____ Date: _____

You may submit by hand to our offices at 801 West Valencia Drive, Fullerton, CA 92832 or mail or fax to us using the contact information below.

FAST Swim Team
 PO Box 5468
 Fullerton, CA 92838

Fax: (714) 692-1038

Company Use Only

NOTES:
