



2010-2011 CREDIT CARD AUTHORIZATION FORM

I, _____, as the authorized holder of the credit card listed below, authorize The Matrix Allstars to charge my credit card for the items listed below.

Type of Card (Check one): Visa Mastercard

Credit Card Number: _____

Expiration Date: _____ Security Numbers on back of card: _____

Name as it appears on Credit Card: _____

Billing Address: _____

Contact Phone Number: _____

Items to be charged to this credit card:

<i>Description</i>	<i>Amount</i>

Total US Dollars: \$ _____

Cardholder Signature: _____

Date: _____

Cardholder acknowledges the purchase and payment of goods and/or services in the amount of the total shown hereon and agrees to perform the obligation set forth by the cardmember's agreement with the issuer.

The Matrix Allstars
2400 Park Crescent Drive
Columbus, OH 43232
(614) 751-6655

This completed form may be faxed, mailed to the above address, dropped in the red payment slot at the gym, or emailed to kimf294@yahoo.com.