

Nebraska All-Star Tigers L.L.C.

AUTHORIZATION OF PAYMENT FROM CREDIT CARD:

YOUR NAME: First: _____ Last: _____

CHILDS NAME: First: _____ Last: _____

SQUAD/CLASS (DATE AND TIME) _____

I _____ (CARD HOLDER NAME) AUTHORIZE NEBRASKA ALL-STAR TIGERS, L.L.C. TO CHARGE MY ACCOUNT TO CARD *(IF YOUR CARD IS NOT HONORED YOU WILL BE ACCESSED A 50.00 FEE AND ONLY FORM OF PAYMENT WILL BE CASH, MONEY ORDER OR CASHIER CHECK GOING FORWARD FOR ANY TRANSACTION):*

**INFORMATION FOR PAYPAL TO PROCESS
(OR GO TO [HTTP://NEALL-STARTIGERS.COM](http://neall-startigers.com) CHOSE GYM INFO>BILLPAY AND PAY)
CREDIT CARD TRANSACTION WILL SHOW UP AS "PAYPAL*NEBRASKAALL"**

THE FOLLOWING HAS TO BE THE ADDRESS THAT IS THE BILLING ADDRESS FOR THE CARD

TYPE: AMERICAN EXPRESS, DISCOVER, MASTER CARD OR VISA (circle one)

CARD NUMBER: _____

EXPIRATION DATE: MM/YY _____

CSC (from back of card or AMEX is 4 digits on front of card) _____

PRINT NAME ON CARD: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____

EMAIL: _____

(THIS EMAIL ADDRESS IS WHERE YOU WILL GET YOUR RECEIVE FOR PAYMENT SO IT NEEDS TO BE CORRECT)

ONE TIME CHARGE AMOUNT: _____

SIGNATURE: _____

TODAYS DATE: _____ OFFICE SIGNATURE OF REVIEW OF CARD: _____

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