

Arizona Swimming, Inc Credit Card Payment Authorization

The signed and completed form may be faxed or emailed to:

fax +1 602 266 9223

office@azswimming.org

Credit Card Authorization for: (check all that apply) (Club code) Club athlete registration batch					
Credit Card Information: (please check appropriate box)					
Name on card					
Address for card	Security code Zip				
Card number	Expiration date				
Club athlete registrations batches					
Batch date HyTek ba		Athletes	Amount		
		Total			
Non-Athlete registration Regist date Regist type* # of non athletes Amount					
Calculation of balan Terms & Conditions: Registration remains the respon responsibility to confirm receipt o Because of the extra work invo handling fee equal to 3% of the to Card holder hereby authorizes	3% handlin sibility of the Club and f both registration batcl lved in processing cred tal charges. AzSI may	Total due d not AzSI. Pleas h information and dit cards, holder an adjust shipping c	payment. uthorizes AzSI to collect to harges on merchandise.	• •	