



## Arizona Swimming, Inc Credit Card Payment Authorization

The signed and completed form may be faxed or emailed to:  
 Fax: 602-266-9223                      [office@azswimming.org](mailto:office@azswimming.org)

**Credit Card Information:** (please check appropriate box)

Date: \_\_\_\_\_

Visa                     
  Master Card                     
  American Express

Name on card

Card number

Address for card

	Exp Date		CVV Code
	Zip		

### Non-Athlete OR Individual Athlete Registration

Registration Type (Coach, Official, Other, Athlete etc.)	# of individuals	Amount
<b>Total :</b>		

### AZSI Merchandise/Apparel

Item	Price	Size	Quantity	Amount
			<b>Shipping :</b>	
			<b>Total :</b>	

### Club Membership Registration/Renewal

New or Renew	Club Name	Club Code	Price	Amount
			<b>Total :</b>	

### Other (misc. invoices, equipment etc.)

Item	Price	Quantity	Amount
		<b>Shipping :</b>	
		<b>Total :</b>	

**Calculation of balance due**

**Grand total**  
 3% handling fee  
**Total due**


**Terms & Conditions:**

Because of the extra work involved in processing credit cards, holder authorizes AZSI to collect a handling fee equal to 3% of the total charges. AzSI may adjust shipping charges on merchandise. Card holder hereby authorizes the above charges. A \$30 fee will be assessed if charge denied.

\*refer to Annual Statement of Fees for current charges.

Authorized Signature

Date