

JEK SPORTS

5702 sw 2nd st
plantation, fl 33317
954.801.8859 • fax 954.585.6239
jeksports@comcast.net • www.jeksports.com

CREDIT CARD AUTHORIZATION

TEAM NAME: _____

EMAIL ADDRESS: _____

IMPORTANT - CONFIRM THE DATE YOU NEED TO RECEIVE YOUR ORDER BY: _____

PLEASE COMPLETE THIS FORM AND FAX TO (954) 585-6239

I, _____ (Tel. No: _____)
give JEK SPORTS full permission to debit my credit card:

Type: _____ (Visa/MasterCard/AmericanExpress)

Number: _____

Expiry Date: _____

Account Holder's Name & Billing Address: (as it appears on your statement)

_____ Zip _____

FOR THE TOTAL AMOUNT OF ORDER: \$ _____

(Terms: 50% deposit; balance + shipping on the day we ship)

Shipping Address: (if different to address above)

_____ Zip _____

Shipper's Account Number: _____ (Fedex/UPS/DHL) please tick
(If customer does not have a shipper's account number, shipping will be charged to the credit card)

Signed: _____ Card Holder. Date: _____