

JEK SPORTS

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plantation, fl 33317
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CREDIT CARD AUTHORIZATION

TEAM NAME: _____

IMPORTANT - CONFIRM YOUR IN-HANDS DATE: _____

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

I, _____ 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 Amount: \$ _____

Shipping Address: (if different to address above)

_____ Zip _____

Shipper's Account Number: _____ (Fedex/UPS/DHL) please tick

Signed: _____ Card Holder