

CSYSA CREDIT CARD AUTHORIZATION

Player Name: _____

Mastercard # _____ Exp. Date _____

or

Visa Card # _____ Exp. Date _____

Amount: \$ _____

Cardholder Name _____

Cardholder Address _____

Cardholder Phone _____ Date: _____

Cardholder Signature _____

Return this form to: CSYSA. 9150 Commerce Center Cr. Suite 100,
Highlands Ranch, Co. 80129