



Credit Card Authorization Form

Instructions:

1. Please fill out this form
2. Sign where indicated
3. Submit by fax to: International Goaltimate Organization / 760-747-9442

Cardholder: _____

Telephone: _____ - _____ - _____

E-mail Address: _____

I authorize a charge against my credit card in the following amount: \$ _____

Credit Card (choose one) MasterCard or Visa: _____

Card Number: _____

Expiration Date: _____

Billing Address: _____

Signature: _____

Any questions please call : Rick Conner / 760-747-9449