



Credit Card Authorization Form

<p>I, _____, hereby authorize All-Star Basketball Academy, Inc., to charge my credit card account as follows:</p> <p>() A single charge in the amount of \$ _____.</p> <p>() To charge my credit card monthly as follows: \$ _____ per month commencing _____ until _____ for monthly fees per my contract with the ABA.</p>			
() VISA	() MasterCard	() American Express	() Discover
Credit Card Number:			
Expiration Date:		VID Code:	
Credit Card Billing Address:			
City:		State:	Zip Code:
Telephone:			

Cardholder's Signature

____/____/____
Date

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All-Star Basketball Academy, Inc. will keep all information entered on this form strictly confidential.