

# CREDIT CARD AUTHORIZATION FORM

Please complete this authorization form and return it to our office via fax 702-878-1571.

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Type: \_\_\_\_ VISA \_\_\_\_ MASTERCARD \_\_\_\_ DISCOVER \_\_\_\_ AMERICAN EXPRESS

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_  
(American Express Card Holders use the last four digits on front of card)



Amount Charged: \$ \_\_\_\_\_ ☐ Deposit ☐ Payment in Full

Would you like the balance to be placed on this credit card? ☐ Yes ☐ No

Balance Charged: \$ \_\_\_\_\_

***FAX or e-mail the authorization to:***  
**Las Vegas Premier Sports Academy**  
**4630 West Post Road**  
**Suite 100**  
**Las Vegas, NV 89118**  
**Phone: 702-878-3644 Fax: 702-878-1571**  
**tiffany@lv-sa.com**