

## **Credit Card Authorization Form**

As the credit card holder, I hereby authorize receipt of merchandise purchased from The Athletic Trainers Room Ent. Ltd.

By providing my signature I authorize The Athletic Trainers Room Ent. Ltd. to charge the credit card for future purchases verbally approved by me.

The Athletic Trainers Room Ent. Ltd. will provide with each order the "customer copy" indicating the amount charged to my account. The ATR will indicate in the cardholder signature area "signature on file" pursuant to receiving this completed form.

The Athletic Trainers Room Ent. Ltd. will inform me of expiry date renewal of signature approval.

***Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. All information provided will be kept strictly confidential by The Athletic Trainers Room Ent. Ltd.***

***As the credit card holder, I hereby authorize The Athletic Trainers Room Ent. Ltd. to charge by credit card for all purchases verbally approved by me.***

***Credit Card #:*** \_\_\_\_\_ ***Expiry Date:*** \_\_\_\_\_

***Name on Credit Card as Printed:*** \_\_\_\_\_

\_\_\_\_\_  
***Cardholder's Signature***

\_\_\_\_\_  
***Date: Day / Month / Year***