



**Credit Card Authorization Form**  
**One-Time Purchase**  
**Fossil Ridge High School Football Boosters**

I authorize the FRHS Football Booster Club to process a one-time charge to my credit card below.

Name (as it appears on card):		
Billing Address:		Phone:
City:	State:	Zip Code:
Email:		Player Name:
<b>CREDIT CARD INFORMATION</b>		
Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Credit Card Number:		
Expiration Month:	Expiration Year:	Security Code:
<b>AUTHORIZATION</b>		
Cardholder Signature:		Date:



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Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Credit Card Number:		
Expiration Month:	Expiration Year:	Security Code:
<b>AUTHORIZATION</b>		
Cardholder Signature:		Date: