



Credit Card Authorization Form

Name _____

Address _____

City _____ State _____ ZIP _____ Country _____

Home DZ _____

Phone # _____ E-mail _____

Please write a brief description of what event or item will be charged to this credit card

CREDIT CARD AUTHORIZATION

CREDIT CARD TYPE: MasterCard VISA AMEX Discover

NAME ON CARD _____

CREDIT CARD NUMBER: Exp. Date: /

TOTAL AMOUNT TO BE CHARGED: _____ In US Dollars

SIGNATURE _____

I hereby authorize Skydive Arizona to charge my credit card for the amount indicated above

Print this form and FAX it to Skydive Arizona: +1.520.466.4720