

DALLAS TEXANS SOCCER CLUB

Credit Card Payment Form

Fax to 972-612-4419

Players Name: _____

Team Name: _____

Managers Name: _____

Coaches Name: _____

Credit Card Types Accepted

Please check appropriate box

Visa	<input type="checkbox"/>
MasterCard	<input type="checkbox"/>

Amount Due \$ _____ . _____

Processing Fee (3%) _____ . _____ (multiply Amount Due x .03)

Total Charged \$ _____ . _____

Card Number _____

Expiration Date month _____ year _____ Card Verification Number * _____

*This is the last 3 digits of the number on the back of the Visa, MasterCard.

Name as shown on Card _____

Address _____

City _____ State _____ Zip _____

Signature _____