



The Sydney Bears Ice Hockey Inc.

Date: _____

CREDIT CARD PAYMENT AUTHORITY FORM

I authorise the Sydney Bears Ice Hockey Inc to charge my Credit Card for the following:

Player/Member Name: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

Total Amount \$

Visa/ Mastercard # Expiry Date:

Monthly Installment #1 \$ Due:

Monthly Installment #2 \$ Due:

Monthly Installment #3 \$ Due:

CARDHOLDERS NAME: _____

CARDHOLDERS SIGNATURE: _____ DATE: _____

Payment is for the following:
