



CREDIT CARD AUTHORIZATION

Card number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____

Exact Name on card: _____



CVV2 Code: _____

Zip code of your credit card billing statement: _____

Please check one option below

I, _____, authorize Steltronic, Inc. to charge my credit card
Your name

in the amount of \$ _____ this one time only.

I, _____, authorize Steltronic, Inc. to charge my credit card
Your name

in the amount of \$ _____ and I agree to leave this credit card on file for all future payments required by Steltronic, Inc.

Signature

Date

Bowling Center Name