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**Friarsgate Basketball Association**

168 Mariner's Creek Drive  
Lexington, South Carolina 29072

**One Time Credit Card Payment Authorization Form**

Sign and complete this form to authorize **Friarsgate Basketball Association** to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated including a 3.75% fee for processing, on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ authorize **Friarsgate Basketball Association** to charge my credit card  
(full name)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)

\_\_\_\_\_  
(registration fees for indicate player's name)

**Account Type:**    **Visa**    **MasterCard**    **AMEX**    **Discover**

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Billing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email: \_\_\_\_\_

**SIGNATURE DATE**

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.