



Delta
Chapter

**API Delta Chapter
2017 Golf Tournament
September 22, 2017**

CREDIT CARD AUTHORIZATION FORM

Team Captain/Company: _____

Name as it appears on Credit Card: _____

Credit Card Type: VISA [] MasterCard [] Discover []

Credit Card Number: _____ - _____ - _____ - _____

Exp. Date: ___ / ___ CSC# ___ ___

Charge Amount: \$ _____

Reason/Description: _____

Address of Card Holder: _____

City _____ St. _____ Zip _____

Email Address: _____

Phone # of Card Holder: (_____) _____

Signature (*Required*): _____

- A receipt will be mailed to the named card holder at the address listed above.
- API Delta Chapter Federal Tax ID 72-0822554 if needed
- This form must accompany the Team Entry and Sponsorship Forms
- Please bring a Business card to help us update our Membership List
- Send via US Mail or Fax. as follows:

Mail to: API Delta Chapter
 PO Box 50110
 New Orleans, LA 70150

Phone: (985) 630-8290

Email: tessa@cppumps.com