



Delta Chapter

API Delta Chapter
2010 Golf Tournament
September 17, 2010

CREDIT CARD AUTHORIZATION FORM

Team Captain: _____

Name as it appears on Credit Card: _____

Credit Card Type (VISA/MasterCard) Only: _____

Credit Card Number: _____

Expiration Date of Card: _____

Charge Amount: \$ _____

Address of Card Holder: _____

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:

Checks: Payable to (API Delta Chapter)
Mail to: Onesource Professional Search
4070 Lonesome Rd., Suite B
Mandeville, LA 70448

Fax: (504) 617-6223
Phone: (985) 727-2060