



Credit Card Authorization Form

| CARDHOLDER INFORMATION | | |
|---------------------------------------------|----------|-------------|
| Customer/Company Name | | |
| Contact Name (if different than cardholder) | | |
| Cardholder Billing Address | | |
| City | Province | Postal Code |
| Card Number | | CVC |

I authorize a one-time charge to my credit card for the amount of: _____ plus the \$25 service fee.

This payment is to be applied to:

- Try Out Fee
- Season Fee
- Sponsorship
- Other: _____

I authorize The Niagara Spears to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect only for the dates listed above until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date (if multiple payments indicated above). This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form. Declined transactions not rectified within 72 hours will result in termination of credit card privileges. A complete credit authorization form is required to be submitted and approved by Niagara Spears.

Cardholder Signature: _____

Date: _____