

MAC CREDIT CARD AUTHORIZATION FORM



PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX: (815) 439-3833 OR BY EMAIL MAIL.

STUDENT NAME: _____

Cardholder Name: _____ Signature: _____

Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD

Credit Card Number: _____ - _____ - _____ - _____
Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



Amount Charged: \$ _____ (USD)

Apply Amount to:

FAX or email the authorization to:

Mills Athletic Council, Inc
C/O - Illinois Raptors
Fax (815) 439-3833
Accounting@millsathleticcouncil.org