



## Arizona Magic Credit Card



**Name as it appears on the Credit Card** \_\_\_\_\_

**Card Type** (circle one)    *Visa*    *MasterCard*    *American Express*    \_\_\_\_\_

**Credit Card #** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_    **CSC #** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City:** \_\_\_\_\_    **State:** \_\_\_\_\_    **Zip Code** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Monthly Charge Amount:** \_\_\_\_\_

**Date to be Charged Each Month:** *The 7<sup>th</sup> of Every Month* \_\_\_\_\_

**Name** \_\_\_\_\_    **Signature/Date** \_\_\_\_\_

*By signing above you give the Arizona Magic Basketball Club permission to charge your credit card, the amount designated in this document on the date assigned. If you must cancel please provide a 30 day notice. When canceled there may be an \_\_\_\_\_ charge based on the date canceled.*