



## CREDIT CARD AUTHORIZATION

<b>Name on Card:</b>			
<b>Card Number</b>			
<b>Expiration Date:</b>		<b>CCV:</b>	
<b>Billing Street Address:</b>			
<b>Billing City, State &amp; Zip Code:</b>			
<b>Contact Email:</b>		<b>Contact Phone:</b>	

*Facsimile, photocopied, or electronic signatures shall be treated as original signatures.*

*I hereby authorize SCCA Pro Racing to charge the card listed above for the charges outline below:*

<b>Signature:</b>		<b>Date:</b>	
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**Please check all that apply:**

<input type="checkbox"/>	SCCA Membership Fee
<input type="checkbox"/>	Driver License Fee
<input type="checkbox"/>	FIA License & Letter Fees
<input type="checkbox"/>	Crew Credential Fee
<input type="checkbox"/>	Vehicle Registration Fee
<input type="checkbox"/>	Entry Fee

**Would you like to keep this card on file for future charges?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No