

# Credit Card Authorization

**USA Basketball**  
 5465 Mark Dabling Blvd  
 Colorado Springs, CO 80918

Phone: 719.590.4800  
 Fax: 719.590.4811

<http://www.usabasketball.com>

<b>Players Name</b>	
<b>Cardholder Name</b>	
<b>Credit Card Number</b>	
<b>Card Type (Visa, MasterCard, American Express, Discover)</b>	
<b>Expiration Date</b>	
<b>Card Security Code</b>	
<b>Billing Address</b>	
<b>City, State, Zip or City, Country</b>	

**I authorize USA Basketball to charge the above credit card for the appropriate fees as outlined in the application.**

\_\_\_\_\_ **Card Holder Signature**

\_\_\_\_\_ **Date**

**Express Processing fee for Letters of Clearance (Optional):**

**One day: (initial to authorize) \$100.00 additional fee** \_\_\_\_\_

**Two Day: (initial to authorize) \$50.00 additional fee** \_\_\_\_\_

**OFFICE USE ONLY**

\_\_\_\_\_ **Letter of Clearance**  
 \_\_\_\_\_ **Tour Sanctioning**  
 \_\_\_\_\_ **Officials Fees**  
 \_\_\_\_\_ **Athlete Registration**

**Record Number:** \_\_\_\_\_  
**Total:** \_\_\_\_\_