

# **SOUTH ATHLETICS LLC.**

18460 ne 2<sup>nd</sup> Ave.  
MIAMI, FL 33179  
PH: (305) 770 0505  
INFO@SOUTHATHLETICS.COM

## **CREDIT CARD AUTHORIZATION FORM**

**DATE:** \_\_\_\_\_  
**CUSTOMER NAME:** \_\_\_\_\_  
**NAME ON CREDIT CARD:** \_\_\_\_\_  
**BILLING ADDRESS:**  
**STREET:** \_\_\_\_\_  
\_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_  
**ZIP CODE:** \_\_\_\_\_ **COUNTRY:** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXP:** \_\_\_\_\_ / \_\_\_\_\_

**TYPE:** ---VISA                      **V-CODE:** \_\_\_\_\_  
          ---MC  
          ---AX

*I AUTHORIZE SOUTH ATHLETICS INC. TO CHARGE THE ABOVE CARD*

*FOR ORDER CONFIRMATION/INVOICE#* \_\_\_\_\_

*FOR 50% NOW, BALANCE UPON SHIPPING* \$ \_\_\_\_\_

*FOR WHOLE INVOICE AMOUNT* \$ \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**NAME PRINTED:** \_\_\_\_\_

*THANK YOU.*