

CREDIT CARD PAYMENT FORM

Please complete this form - ONLY IF USING CREDIT/DEBIT CARD.

Credit/Debit Card Authorization:

(Please charge my credit/debit card for the dates and fees I have indicated for the Greenville Pickleball Spring Smash.)

_____ Visa _____ MasterCard

Amount to be charged: \$ _____

Name as it appears on card: _____

Card#: _____

Expiration Date: ____/____/____ Security Code: ____

I give Greenville County Parks, Recreation & Tourism permission to deduct these fees from this credit/debit card.

Signature

Date

Please Print Name