



CREDIT CARD AUTHORIZATION FORM

Date _____

I _____ Authorize Soccerpr Business Workgroup Corp. to charge my credit card.
(NAME)

For travel to Brazil. Not to exceed the amount shown.

REFERENCE _____

AMOUNT \$2,600.00 USD.

ATTACH RECEIPT HERE

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

ISSUED DATE _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

SIGNATURE

DATE

FAX OR MAIL TO:

Soccerpr Business Workgroup Corp.
PO Box 79737
Carolina, PR 00984-9737
(787) 249-6665
(787) 791-0663 fax

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:

