



Great Lake Athletic Trainers Association



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN WITH CONTRACT
All information will remain confidential

Name on Card: _____

Billing Address _____

City _____ ST _____ Zip _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____ Zip associated with CC _____

Card Identification Number: _____ (Last 3 or 4 digits located on back of credit card)

Amount to Charge: \$ _____ GLATA Sponsorship 100%

_____ Platinum (2500.00) _____ Gold (1500.00) _____ Silver (750.00)

_____ Premier (500.00) _____ Select (250.00)

Amount to Charge: \$ _____ Exhibit Booth 100% and any extra charges.

I authorize the Great Lakes Athletic Trainers Association (GLATA) to charge the amount listed above to the credit card provided above. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date and return with Exhibit contract and Sponsor contract if Sponsor.

Signature: _____

Print Name: _____

Date: _____

E-Mail Address _____

Questions: Contact Kevin Gerlach at kevinatcmp@sbcglobal.net

815-861-5934