



## NNFC CREDIT CARD/PAYMENT AUTHORIZATION FORM

TEAM: \_\_\_\_\_ PLAYER: \_\_\_\_\_ ANNUAL FEE: \$ \_\_\_\_\_

### PAYMENT OPTION SELECTED (CIRCLE THE PAYMENT OPTION SELECTED)

1. **\*Full Payment** of Annual Fee at Team Registration. Payment made by check payable to NNFC, online by PayPal or by credit card. (\*Includes Deposit)

2. **Two Payment Plan**

Deposit Amount \$ \_\_\_\_\_

2<sup>nd</sup>/Final Payment Amount \$ \_\_\_\_\_

Total Payment \$ \_\_\_\_\_

3. **Three Payment Plan**

Deposit Amount \$ \_\_\_\_\_

2<sup>nd</sup> Payment Amount \$ \_\_\_\_\_

3<sup>rd</sup> Payment Amount \$ \_\_\_\_\_

Total Payment \$ \_\_\_\_\_

4. **Four Payment Plan**

Deposit Amount \$ \_\_\_\_\_

2<sup>nd</sup> Payment Amount \$ \_\_\_\_\_

3<sup>rd</sup> Payment Amount \$ \_\_\_\_\_

4<sup>th</sup> Payment Amount \$ \_\_\_\_\_

Total Payment \$ \_\_\_\_\_

Credit Card Type (Circle One)   MasterCard   Visa   Discover   AMEX

Credit Card Number \_\_\_\_\_

CVC Code \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Address \_\_\_\_\_

Cardholder City, State, Zip \_\_\_\_\_

Cardholder Phone Number \_\_\_\_\_

Cardholder Signature \_\_\_\_\_