

**CREDIT CARD PAYMENT AUTHORIZATION**

1. **Card Type:**             VISA             MasterCard             Amex

2. **Card Number:** \_\_\_\_\_

3. **Name on Card:** \_\_\_\_\_

4. **Expiration Date (MM/YYYY):** \_\_\_\_\_/\_\_\_\_\_ **CVV:** \_\_\_\_\_

5. **Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

6. **Email Address:** \_\_\_\_\_

7. **Phone Number:** \_\_\_\_\_

8. **Signature and Authorization to Charge:** By signing below, I, the Licensee (or its duly authorized representative, by which signature the representative also certifies his/her authority to bind the Licensee), authorize CIRCUIT OF THE AMERICAS LLC (or its designee) to charge the above-identified credit card for:

The amount of \$ \_\_\_\_\_ on or immediately following the date indicated next to my signature below

CIRCUIT OF THE AMERICAS LLC (or its designee) is further authorized to retain this information on file for payment of future costs and fees. Licensee hereby agree to provide updated credit card account information to CIRCUIT OF THE AMERICAS LLC (or its designee) should Licensee’s credit card account cease to be valid after the date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (if different from Name on Card)

\_\_\_\_\_  
Title