



**Bolton Wanderers Soccer Club**  
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## AUTHORIZATION FOR CREDIT CARD PAYMENT

Your Name: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

VISA CARD NUMBER: \_\_\_\_\_

MASTERCARD NUMBER: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

A copy of the receipt will be faxed to you for your records. The original will be kept at our offices for reference. Should you require the original to be mailed to you, would you please indicate on this sheet.

Fax Number: \_\_\_\_\_ Please mail receipt \_\_\_\_\_

Thank you for your payment.