



An unequalled blend of athletics and human resource development SM

Credit Card Processing Form

Card Holder Name:

Card Type: ___ Visa ___ Master Card ___ Discover ___ American Express

Card Number:

Expiration Date:

Security Code:

Amount to be billed to the card:

Billing Address:

City, State/Zip Code:

Cardholder Signature:

Description of product or service purchased:

**Fax completed form to Troupe21 & Associates at 888 298-1113
Attention: Accounting**