



PROFESSIONAL INLINE HOCKEY ASSOCIATION

THEPIHA.COM
THEPIHA@YAHOO.COM
719.200.4208
717.580.8167

PIHA CREDIT CARD AUTHORIZATION FORM

I _____ hereby authorize the Professional Inline Hockey Association, PIHA to charge the card listed below for the amounts and dates indicated on their Team President/GM Organization Agreement.

I understand that the charges represent my league fees and as such waive my right to dispute or charge back any of the amount charaded for any reason.

I hereby certify that the signature on this document is mine and that I am authorized to make charges to this card in the amount indicated.

In the event that the PIHA is not paid by my credit card company, I personally gurantee payment of any amounts not paid by the credit card issuer. I understand that I am also responsible to pay all costs incurred by the PIHA in connection with collecting any amounts not paid.

I also agree that any disputes regarding payment will be resolved uner Pennsylvania law in the Commonwealth of Pennsylvania court system.

Card Type (circle one) Visa Mastercard Discover

Card Number: _____

Name On Card: _____

3 digit verification code on back of card: _____ Expiration Date: _____

Name and Address where statements are mailed:

Name: _____

Street: _____

City, State, Zip Code: _____

Team President/GM Certification: I hereby certify that the above information is accurate and complete.

Signature

Date