



CREDIT CARD AUTHORIZATION

Card number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____

Exact Name on card: _____

C V V 2 Code: _____



Zip code of your credit card billing statement: _____

Please check one option below

I, _____, authorize Steltronic to charge my credit card
Your name

in the amount of \$ _____ this one time only.

I, _____, authorize Steltronic. to charge my credit card
Your name

in the amount of \$ _____ and I agree to leave this credit card on file for all future payments required by Steltronic.

Signature

Date

Bowling Center Name

NOTICE: Please send this form by fax or call us with the information because sending this form by email is NOT SECURE.

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