



DVClub Credit Card Authorization Form

Please complete the following credit card authorization form to enable DVClub to process your sponsorship payment.

Company Name _____
Contact Name _____
Contact Email _____

Credit Card Billing Address
Address 1 _____
Address 2 _____
City _____
State _____
Zip _____

Payment Method: Visa Master Card American Express

Name (Exactly as it appears on the credit card)

Credit Card #

Card Verification Number (3-4 digit # on back or front of card)

Expiration Date (mm/yy)

Invoice Number

Payment Amount

Cardholder
Signature _____

Date _____

Printed Name _____