Credit Card Authorization Form

Fill out the information below to make a payment to USA Judo. If you have any questions, contact Melissa Jones at Melissa.Jones@usajudo.us or 719-866-3685.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ Security Code: _____
Cardholder ZIP Code (from credit card billing address): _____
Email address for receipt: _____

I,_____, authorize_____to charge my credit card above for,_____.

Please note that a 4% processing fee will be included for each charge. Conversion from Euro to US Dollar will be made at the time of credit card processing.

_____ _____

Customer Signature Date

Return form via email Melissa.Jones@usajudo.us or mail:

USA Judo
Attn: Melissa Jones
1 Olympic Plaza
Colorado Springs, CO 80909