



Billing Information	
Club / Team / School Name	_____
Contact Name	_____
Phone Number	_____
Address	_____
City / State / Zip Code	_____
Shipping Information	
<i>(leave blank if same as billing information)</i>	
Club / Team / School Name	_____
Contact Name	_____
Phone Number	_____
Address	_____
City / State / Zip Code	_____
Credit Card Information	
Type of Card <i>(Circle one)</i>	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Credit Card Number	_____
Expiration Date	_____
Security Code <i>(3 or 4 digits)</i>	_____
Order Agreement & Authorization	
<p>I authorize Pro Soccer to charge the credit card for the amount mentioned below. I understand that all team uniform sales are final and that no exchanges are possible once the order is finalized.</p>	
Order Number	_____
Order Total Amount	_____
Print Cardholder's Name	_____
Cardholder's Signature	_____
Date	_____

Please sign and fax to (626) 403-9103.