



CENTER COURT
1153 NORTHSIDE BLVD
SOUTH BEND, INDIANA 46615

Confidential Credit Card Authorization Form

Please fill out the attached form (*all fields are required*). Please write clearly.
All new customers must complete the whole form or the order will not be processed.

CONFIDENTIAL CREDIT CARD AUTHORIZATION FORM											
D/B/A:											
Bill to Address:											
City:	State:	Zip:									
Phone:	Fax:										
Value of Opening (Must exceed \$180.00) & Re-Orders: (Must exceed \$50.00)											
<p style="text-align: center;">Mark One of the Following: Wanting Credit Card as Terms () Or Net 30 Terms ()</p> <p>To obtain Net 30 Terms and/or Terms for Credit Card:</p> <p>Signing this Credit Application hereby authorizes Center Court upon approval; all accounts are due and payable 30 days from date of invoice. Center Court is authorized to charge the credit card below if the account exceeds the past due date.</p> <p>Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the terms stated. Principal's or Officer's Signature required attesting to above information.</p>											
Company Name:		Signature:									
Date:		Title:									
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Type of card:</td> <td style="width: 25%; text-align: center;">MasterCard</td> <td style="width: 25%; text-align: center;">Visa</td> <td style="width: 25%; text-align: center;">American Express</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">Discover</td> </tr> </table>				Type of card:	MasterCard	Visa	American Express				Discover
Type of card:	MasterCard	Visa	American Express								
			Discover								
Card #:											
Exp. Date:		Signature of Cardholder:									

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 Email Address: centercourtinfo@comcast.net
 ~ Thank you ~