



# WINTER CHALLENGE SERIES

## WINTER CHALLENGE SERIES Credit Card Authorization Form

Cardholder Name:  Cell #:

Billing Address:

City, State, Zip

Card #:  Exp. Date:  CW #:

Signature:  Date:

Notes:

### FOR OFFICE USE ONLY

Tab Amount:  Date Run:  Initials:

4% Conv. Fee:   PAID

Total Charged: