## TEAM CREDIT CARD FORM

You have requested that your team be entered in one of the RVA Softball Leagues by use of a credit card. The charge will appear as an item from RVA Softball, LLC. There is not a credit charge fee this year.

Fax to: (804) 264-0264 or ema	ail to rvasoftballinfo@gmail.com	
NAME OF TEAM		<del></del>
NAME ON CREDIT CARD		•)
CARD TYPE (AMEX,VISA OR I	MASTERCARD)	5
EXPIRATION DATE	Code	_
CARD #		•
Total Payment		
	will be charged to the above listed credit in and returning it to us agrees to pay suer's agreement.	
Signature of Cardholder	Cell phone	e
Address of Cardholder		
City, State	Zip	
Date	<del>_</del>	