

## Credit Card Payment

Child Name \_\_\_\_\_ Age Group \_\_\_\_\_

Circle: Visa MC Discover

Credit Card Number: \_\_\_\_\_

EXP Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Name on the Card \_\_\_\_\_

Total Amount \$ \_\_\_\_\_ + 3% credit card processing fee (\$ \_\_\_\_\_.)

Total Amount including fee: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mail to:  
Olympic Soccer Academy  
PO Box 1373  
Plainfield, IL 60544

