



FIGHT PROMOTER UNIVERSITY

Credit Card Authorization Form

I, _____, hereby authorize Roy Englebrecht Promotions to charge my credit card for the amounts invoiced.

Customer Name: _____

AMERICAN EXPRESS / DISCOVER / VISA / MasterCard

Credit Card Number: _____

Expiration Date: ____ / ____ SEC Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Telephone: () _____

Fax: () _____ (a fax number or email is required)

Email: _____

AMOUNT: _____

Cardholder's Signature: _____ Date: _____

Please fax the completed form to 714-429-7903 or mail to mail to Roy Englebrecht Promotions, P.O. Box 10205, Newport Beach, CA 92658.