

www.ThePlayer'sConnection.com

CREDIT CARD AUTHORIZATION FORM

COMPANY OR INDIVIDUAL'S NAME			Date:
ASI #	SAGE#	PPAI#_	
I Authorize	The Player's Connection	n of Florida to bill my/	our our
Check One: Vi	sa MasterCard	Discover	American Express
Card Number:			
Expiration Date:	Code From Signatur	re Panel (Last Three Di (Four if American Exp	• • ———
Please fax your	Florida State ta	x certificate to	o 786-206-3101
Cardhol	der's Name & Billing Add	dress of Card:	
Person	(s)		
Street _			
City			
State & Zip Code			
Telephone No. (Inc. Area Code)			
E-mail Address			
you by the company whenever the and irrevocable guarantee and ind and notice thereof and consent should my/our company become d agree to pay reasonable attorney's for may be incurred by The Player's co- administrators and assigns, and sha	or person as named above, hereby per n and we hereby agree to blind oursel- e company shall fail to pay the same. demnity for such Indebtedness of the to any modification or renewal of the lelinquent in payment, The Player's co- ees, an alter charge of 3%, service ch connection of Florida. In the enforcemental all remain in force and effect unless are to any balances still owing and outsta	ves to pay you on demand any sult shall be understood that this guotompany. We do hereby waive no credit agreement hereby guarant annection of Florida, will charge a arge of 1 ½%per month, and all cent of this guarantee. This Guarant duntil cancelled by notice sent to	um which may become due to parantee will be a continuing office of default, non payment seed. It is understood that and undersigned does hereby office cost and expenses which aftee shall bind our executors, by you registered mail, in which
Signatu	re		Date

18654 NW 67th Avenue Miami Gardes, FL 33015 Tel: 954-916-1171 Fax: 786-206-3101