



**CENTER COURT**  
**1153 NORTHSIDE BLVD**  
**SOUTH BEND, INDIANA 46615**

## Confidential Credit Card Authorization Form

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Please fill out the attached form (*all fields are required*). Please write clearly.  
**All new customers must complete the whole form or the order will not be processed.**

<b>CONFIDENTIAL CREDIT CARD AUTHORIZATION FORM</b>			
<b>D/B/A:</b>			
<b>State Tax ID/EIN#</b>			
<b>Bill to Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Phone:</b>	<b>Fax:</b>		
<b>Value of Opening (Must exceed \$180.00) &amp; Re-Orders: (Must exceed \$50.00)</b>			
<p><b>Mark One of the Following:    Wanting Credit Card as Terms (    )    Or    Net 30 Terms (    )</b></p> <p>To obtain Net 30 Terms and/or Terms for Credit Card:</p> <p>Signing this Credit Application hereby authorizes Center Court upon approval; all accounts are due and payable 30 days from date of invoice. Center Court is authorized to charge the credit card below if the account exceeds the past due date.</p> <p>Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the terms stated. Principal's or Officer's Signature required attesting to above information.</p>			
<b>Company Name:</b>		<b>Signature:</b>	
<b>Date:</b>	<b>Title:</b>		
<b>Type of card:</b>	MasterCard	Visa	American Express      Discover
<b>Card #:</b>			
<b>Exp. Date:</b>	<b>Signature of Cardholder:</b>		

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**Tel # (888) 905-3935 ~ Fax (888) 511-3542**  
**Email Address: [centercourtinfo@comcast.net](mailto:centercourtinfo@comcast.net)**  
 ~ Thank you ~