



Credit Card Authorization Form

Please complete all information on this form. You may submit form to our corporate offices using one of the following methods:

1. By Fax - (623) 594-6416
2. By Mail - 2524 W. Perdido Way, Phoenix, AZ 85086
3. By Email - Save document and email as attachment to stacy@thegatewaytour.com

Name as it Appears on Card: _____

Credit Card Number: _____

Expiration Date: _____ Type: Visa MC Amex _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Payment for: _____
(Please reference player name and series OR event)

I hereby authorize the Gateway Tour to charge my credit card in the amount of \$_____.

I understand and agree that an additional 3% transaction fee will be applied to the amount I have authorized above.

Signature _____ Date _____