

Credit Card Authorization Form

| **Credit Card Information** |
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| Card Holder |  |
| Credit Card Number |  |
| Expiration Date (MM/YY) |  |
| CVV Number |  |
| On an American Express card, the CVV number is the four digit number located on the front of the card following the credit card number. For all other card types, the CVV number is located on the back of the card where you would sign the card |
| **Billing Address** |
| Street |  |
| City/State/Zip |  |
| Contact Phone Number |  |
| Email |  |

| **Credit Card Authorization Statement** |
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| I authorize UCLA Health Sports Performance, Powered by EXOS to charge my credit card above for agreed upon purchases. I understand that my information will be saved to a secure file for future transactions on my account. |
| Signature: | Print: | Date: |
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