



I (we) hereby authorize All Star Sports Academy to initiate credit card charges to the below referenced credit card account for the purposes of collecting baseball team related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself and All Star Sports Academy. I authorize All Star Sports Academy to capture, create and transmit all credit card information. I (we) indemnify and hold harmless, All Star Sports Academy, from any and all liability resulting from any transactions. All disputes will be directed to and addressed by and between All Star Sports Academy and the below signed cardholder. I (we) understand that to properly affect the cancellation of his agreement, I (we) are required to give All Star Sports Academy written notice of revocation. A minimum of 5 business days is required to affect revocation.

All Star Sports Academy accepts: Discover, MasterCard, Visa and American Express.

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Organization

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Cardholder Name

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Cardholder Billing Address

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City, State and Zip Code

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Phone Number

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Account Number

---

Expiration Date

---

Security #

---

Cardholder Signature

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Date

1475 Phoenixville Pike, Suite 12, West Chester, PA 19380

484-770-8325