

Crash Damage Payment Authorization /Auto Charge Form 2011

SERIES PAYMENT BY MASTER CARD, VISA, AMERICAN EXPRESS OR DISCOVER

Please charge my crash damage and any additional seat time I sign up for at the track. If any additional charges accrue I will make payments or give you additional instructions at that time. I understand that for events that I am registered for may be charged up to three weeks prior and that crash damage and additional seat time will be charged the week following the event.

CUSTOMER # _____

(Please Type or Print the name and address that is shown on your credit card statement)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Please use card on file with Skip Barber Racing School _____

Credit Card Number: _____ Authorization Code: _____

Expiration Date: ___/___/___

Cardholder's Signature: _____ Date: _____

This form expires 1 calendar year from the date entered above