

Mat-Su Amateur Hockey Association

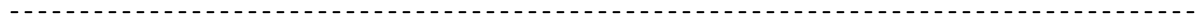
Monthly Credit Card Billing Form

MAHA
P.O. Box 871880
Wasilla, Ak 99687

NAME AS IT APPEARS ON CARD					DATE				
BILLING ADDRESS					CIRCLE ONE: VISA MC				
CITY, STATE, ZIP					AMOUNT DUE: \$				
CREDIT CARD NUMBER									EXPIRATION DATE
CARDHOLDER'S SIGNATURE									

Terms::

By signing the above form, I give the Mat-Su Amateur Hockey Association permission for a charge to my Visa or MasterCard account for the amount listed above. All charges will be billed between the 1st and the 15th of each month. Any denied charges will be considered a delinquent payment..



Please detach and keep for your own record

Date:
Amount paid:
Reason for charge:

Mat-Su Amateur
Hockey Association
P.O. Box 871880
Wasilla, Ak 99687



Thank you!