Credit Card Payment Slip

If paying by Credit Card, please complete this Payment Slip, tear along perforation & return inside this Order Form Envelope.

MasterCard	CREDIT CARD #				CARD HO	CARD HOLDER NAME:			
VISA	VALID CVV: THRU SED STATE STATE SED STATE S				CARD HOLDER SIGNATURE:				
will be used ONI there is an issue	* Your E-mail Address will be used ONLY if there is an issue with your order.					PLAYER'S NAME:			
LCT-18 Submit this Order	Orde Envelope with Ex	ering A	Area 8 Photographer on Photo	nside this envelope. Playe Day: No Change Provid	er's Inf	orma [.]	tion		
STEP 1 N	EP 1 MUST be Filled to Complete Your Order!					STEP 2 Place your order here.			
/er's First Name: I_	ne: _					PACKAGES			
ver's Last Name: _					PACKAGE LETTE	R(S) QTY	PRICE	TOTAL	
niform Number:	1 1							\$	
Address:								\$	
City:								\$	
, _		<u> </u>	l Zip/Postal Code: I_					\$	
		-		will be used only if there is				S	
*E-mail:				an issue with your order.	Alleman (2) and the control of the c	andre and Armed and S	TOTAL	\$	
	If ordering Trading Cards please complete information below.				If ordering a T-Shirt? Please select the Size.				
Maximum O Characters O per line.	UNIFORM #	AGE	HEIGHT	WEIGHT	YOUTH	S M L	ADULT S	M L XL X	
O Characo			3 59		C C	elect Method of Pay	mont		
Team Name:					STEP 3 In	clude exact amoun	t for this Play	er's Order only	
Position:						O POSTDATED PAYN			
Coach's Name:					CASH CREDIT CARD CHEQUE/CHECK Exact amount required. See Payment Slip above. Payable to: Future Stars.				
Fav. Player:					Taxes are included i	n all pricing. GRAND	TOTAL ►	\$	
Fav. Team:					OFFICE USE O				
Hobbies:					LN: PN				

PN: