

Date:	Rep:
Customer Name:	Team:
Address:	
City: State:	Zip Code:
Phone: E-Mail:	
☐ AIHP ☐ League ☐ Tou	ırnament
Merchandise Description	
Amount: \$	
Cardholder Signature:	
Name as it appears on Card:	
Card Type: VISA Mastercard Dis	scover
Card #: E	Expiration:
CVC Code: Zip Code Assoc. w/Card:	
Receipt? YES NO If Yes: Mail to above address	
E-Mail to above	
For our customer's protection, bottom section of form containing credit card information will be Shredded by Performax Sports once payment is processed.	

Performax Sports P.O. Box 14 Orchard Park, NY 14127 Mailing Address: