

MARIETTA MARLINS, INC.

PO Box 669503, Marietta, GA 30066

TEL: (678) 899-6888

Email for financials: feesmarlins@gmail.com

Website: mymariettamarlins.com

Credit Card Authorization

I, _____, hereby authorize MARIETTA MARLINS, INC. to prepare and submit credit card charge slips using the charge card listed, for the purpose of paying monthly dues (1st of the month from September through July) and meet entries fees.

Swimmer Name _____

Name (as it appears on the card) _____

Circle Type of Credit Card: Visa MasterCard

Credit Card Number _____

Expiration Date _____ Security Code _____

Email Address _____

Address _____

City, State, Zip _____

Telephone # _____ Cell# _____

Signature _____ Today's Date _____

****If you drop out of ANY PROGRAM, please give us 30 days advance notice so your card will not be unnecessarily charged. Please contact our Financial Secretary at feesmarlins@gmail.com**