

# CLUB OTA PAYMENT AUTHORIZATION FORM

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Method of Payment:**

**VISA:** \_\_\_\_\_

**Mastercard:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiry Date (mmyy):** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Cheque:** \_\_\_\_\_

**Cash:** \_\_\_\_\_

**Period Covering:** \_\_\_\_\_

**Authorized by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please fill out and return by fax 416.514.1112 or email [ota@tennisontario.com](mailto:ota@tennisontario.com)