
JDP CREDIT CARD AUTHORIZATION FORM

League Name _____

Member/League ID Number _____

Name on the Card _____

Type of Card _____

Credit Card Account Number _____

Expiration Date _____

Billing Address _____

City, State & Zip _____

Phone Number _____

Name of Person Authorizing Charge _____

Email Address to send invoices and receipts _____

If you have any questions, please contact JDP at (855) 799-8753
or at littleleague@jdp.com any time to review.