



SHELBOURNE FC PREMIUM SEASON TICKET SCHEME

Payment Card Authorisation

Name:

Billing Street Address:

City:

Country:

Address:

Postal Code:

Telephone:

Email:

Credit Card Information

Card Type: MasterCard Visa

American Express Discover Card

Number:

Expiration:

Security Code:

I hereby affirm that I am the owner of the above referenced credit card and that my name is listed on the front of the credit card. I hereby authorize Shelbourne FC Limited to charge my credit card (listed above) for payment to Shelbourne FC Limited for an annual season ticket in the amount of: €360 per annum €30 per month

Account Holder Signature

Date:
