



## Credit Card Agreement

### Instructions

The Credit Card Agreement is now a 2-page document and each page needs to be emailed or faxed to us separately to protect your credit card information. Sometime after the end of January, we are planning to have our registration process fully computerized. Until then, we will keep a copy of the information in a binder that will be locked in a secure cabinet. Once our new system is fully operational, we will shred all previously processed Credit Card Agreements and any new Credit Card Agreements received will be immediately logged into our computer system and then shredded.

The first page of the Credit Card Agreement requests standard information to include: team or company name, contact person, phone and cell phone numbers, credit card number and expiration date. **In the section that reads "Contact Person," please provide the names of all authorized individuals who will be placing charges against the credit card and include their respective phone and cell phone numbers.** Sign and date the Agreement and either fax or email the first page to Teresa Hosp at 386-681-5143 or [thosp@grand-am.com](mailto:thosp@grand-am.com).

The second page of the Credit Card Agreement requests the team or company name, the billing address and the credit card code. The credit card code is a 3- or 4-digit security code. For VISA, MasterCard and Discover the code usually appears at the end of the signature space on the back of the credit card. For American Express, the code appears on the front of the card. Please sign and date the second page and either fax or email the second page to Teresa Hosp at 386-681-5143 or [thosp@grand-am.com](mailto:thosp@grand-am.com).

**Please remember to send Page 1 and Page 2 of the Credit Card Agreement separately for security purposes.**



## **CREDIT CARD AGREEMENT**

Team or Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signing this agreement authorizes the use of the above credit card for team or other expenses as ordered on each Credential Order Form throughout the season. The contact person will approve all charges. Grand-Am shall not be responsible for lost, stolen or otherwise misused credit card information provided above.

A faxed or emailed copy of charges will be available by request. Contact Teresa Hosp at any of the below listed numbers.

Signature: \_\_\_\_\_

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

**GRAND-AM**  
**1801 WEST INTERNATIONAL SPEEDWAY BLVD.**  
**DAYTONA BEACH, FL 32114**  
**TERESA HOSP – RACE ADMINISTRATION COORDINATOR**  
**Phone: 386-947-6681 CELL: 386-547-8493 Fax: 386-681-5143**  
**Email: [thosp@grand-am.com](mailto:thosp@grand-am.com)**



## **CREDIT CARD AGREEMENT (Continued)**

Team or Company Name: \_\_\_\_\_

Billing Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State or Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

\*Credit Card Code: \_\_\_\_\_

Signature: \_\_\_\_\_

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

\*The Credit Card Code is a 3- or 4-digit security code. For VISA, MasterCard and Discover the number is usually at the end of the signature space on the back side of the card. For American Express the number appears on the front of the card.

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