



## **BUSINESS CARD REQUEST FORM**

Information to be listed on card, please print legibly:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Title: \_\_\_\_\_

Quantity (circle one)	500 cards	\$75.00
	1000 cards	\$100.00

Payment Method: Check or credit card

Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_

CVV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Amount Authorized: \_\_\_\_\_

Check Number: \_\_\_\_\_

Make Checks Payable to USA Judo

Send form and Payment to:

USA Judo  
1 Olympic Plaza  
Colorado Springs, CO 80909

Contact Cara Fasciani at 719-866-3610 or [cara.fasciani@usajudo.us](mailto:cara.fasciani@usajudo.us) with questions

**Please allow 30 days for processing**