



2009 CREDIT CARD AUTHORIZATION FORM

I authorize NJMP Management, LLC (NJMP) to issue charges I may incur from time to time at New Jersey Motorsports Park using the following Credit Card:

Card Type: Visa MasterCard American Express Discover

Card Number:

Expiration Date: - Card Code:

Card Billing Zip Code: -

Member Name: _____

Name on Card: _____

Card Billing Address: _____

City: _____ State _____ Zip _____

I, the undersigned, hereby authorize NJMP to charge facility fees and other charges to the credit card information provided above.

SIGNATURE _____ **DATE** _____

MAIL OR FAX FORM TO:

New Jersey Motorsports Park • 47 Warbird Drive • Millville, NJ 08332 • Phone: 856-327-8000 • Fax: 856-327-8835