

COCKY ATHLETICS BILLING FORM (Team sales)

Please Fax to Sales at 323-876-6705

NAME ON CREDIT CARD: _____

CREDIT CARD INFO: Circle Type: VISA / AMEX / MASTER CARD

Card #: _____

Expiration Date: _____

Driver's License: _____

Home Phone: _____

DELIVERY ADDRESS:

Street: _____

City: _____

State: _____ Zip: _____

Email: _____

BILLING ADDRESS (if different):

Street: _____

City: _____

State: _____ Zip: _____

Email: _____

I hereby authorize Cocky Athletics to charge my credit card for sale of goods.

Signature: _____

Note: There is 8.25% sales tax fee and a standard UPS/FedEx delivery fee within the continental U.S.