Client Credit Card Authorization Form

Please complete the following form and **fax** it to DOAC, LLC at +1.**520 203 0233**. No cover sheet is needed as this is the fax number in our home office. Please call 208.787.2077, or send an email to **info@dreamchaserevents.com** with any questions.

Card Type: VISA: ☐ Master Card: ☐

Name on Card: _____

Card Number: _____

3 digit security code on reverse side of card ☐

Expiration Date: _____

Signature: X _____

For:

☐ **Product**

☐ **Marathon des Sables**

☐ **Jungle Marathon**

☐ **Coaching**

☐ **Other (Please describe: _____)**

Total Amount: **$** _____

Additionally, we will need the following information in order to process your entry or coaching fee

FULL NAME: _____

ADDRESS: _____

_____

STATE/PROVINCE: _____

ZIP / POST CODE: _____

COUNTRY: _____

PLEASE FAX TO: 520 203 0233

Thank you for your business!