



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 Corinne Shigemoto at 719-201-6176 or Corinne.Shigemoto@usajudo.us with questions

Please allow 30 days for processing