ALL STAR CHEERLEADING INC.

Credit Card Payment Form

Due to increased credit card security – we ask that you complete the following to make a purchase by credit card. For your protection and the protection of your account, the information you provide us must match the information your credit card issuer has on file.

Credit Card Account # _____ - _____ - _____ - _____

Security Code (numbers located on the back of your credit card where you sign your name)_____

Expiration Date _____

Name as it Appears on Card _____

Address where you receive your monthly credit card statement (usually your home address):

_____

City _____ State _____ Zip Code _____

Home Phone of Card Holder _____

Cell Phone of Card Holder _____

Amount to charge _____

Your Signature as authorization to charge above amount only:_____

CARD HOLDER PLEASE COMPLETE THIS BOX

Gym/School/Organization Name _____

Event you are registering for:

Date _____ Event Name _____

Would you like us to keep this CC information on file for future use? YES NO