CREDIT CARD PAYMENTS

2009 NatIONAL ALL STAR CHEERLEADING CHAMPIONSHIP

Gym Name _____

Team Name _____ City_____ State_____

If any family members wish to charge their deposit or balance of payment on a credit card, we accept VISA, MasterCard, Discover or American Express. Below list the person wishing to charge, their credit card number, expiration date and amount to be charged along with their signature. Please send this information along with your registration. (One form per family group.)

CREDIT CARD TYPE: ❍ VISA ❍ MC ❍ AMEX ❍ DISC **Exp. Date:** ___/___/___ **Total Amount Charged: $**_____

Account Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ❍ **Deposit** or ❍ **Balance of Payment***

Name (Print) Signature

Billing Address* Daytime Telephone Number ( ) Cell Phone Number ( )

City, State Zip

Email Address

If this credit card payment is not for your entire group, please list person(s) and amounts to be paid with this credit card.

List person(s) and amounts to be paid with this credit card.

	Person(s)	Amount
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

*Please complete this form for each charge (i.e. charge your deposit in January and then complete another charge form in February to charge your balance).

BALANCE OF PAYMENT IS DUE FEBRUARY 13, 2009

* In order for credit cards to be processed, we MUST have the billing address for the credit card being charged. This address MUST include the zip code for the billing address.

THIS FORM MAY BE DUPLICATED.

Please tear out along the perforations. You may make copies of this form.