INTERNATIONAL CHAMPIONSHIPS
CREDIT CARD AUTHORIZATION FORM

Organization Name: _____

Contact Name: _____

Contact Phone: _____

Note: All Credit Card Transactions will incur a $5 processing fee.

CREDIT CARD TYPE: ☐ VISA ☐ MC ☐ DISCOVER ☐ AMEX ☐ OTHER

CREDIT CARD #: _____

EXPIRATION DATE: _____ SEC. CODE: _____

BILLING ZIP CODE: _____

NAME AS IT APPEARS ON CARD:

_____

(Please Print)

Total Balance Paid: _____

+ Processing Fee: **$5**

Total Charged to Card: _____

I understand that the amount stated is being charged to my card for charges from AmeriCheer/AmeriDance.

AUTHORIZED SIGNATURE: _____

(Signature) (Date)

Individuals Names that the above charges are applied to: _____

_____

_____

_____