



CREDIT CARD AUTHORIZATION FORM

STUDENT INFO:

Last Name: _____ First Name: _____

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: (____) _____ - _____

I authorize a recurring charge against my credit card for Alpha Extreme Cheer LLC services.

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover

Card Number: _____

Expiration Month: _____ Expiration Year: _____

Security Code: _____

Cardholder Signature: _____ Date: ____ / ____ / ____