FIVE STAR

Credit Card Authorization Form

Athletes Name: _____

Team: _____

Card Holder: _____

Phone Number: _____

Email: _____

Credit Card Authorization:

I hereby authorize Allstar Cheer and Gymnastics, LLC (dba Five Star Gymnastics) to charge my credit card for the monthly fees disclosed to me for the purpose of my child's Allstar Cheerleading/Competitive Gymnastics tuition.

_____ _____

Signature of Card Holder Date

Name on Card: _____

Card Number: _____

Visa Mastercard Discover Expiration Date: _____

Security Code: _____

Amount to be charged: $_____ From: _____ To: _____

$_____ From: _____ To: _____

Billing Address: _____

City/State/Zip: _____