

cheergyms.com, inc.

CREDIT CARD REQUEST FORM

Name as it appears on the card: _____

Address: _____

City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

Reason for Charge: _____

Student's Name: _____

Organization's Name: _____

Type of Credit Card: (circle one) VISA MASTERCARD

Card # _____ Expire Date: _____

Signature _____ Date: _____

Amount: \$ _____

Mail to: Cheergyms.com
 2060 Commerce Av3e.
 Concord, CA 94520

Fax to: 925-685-8899

Questions: 925-685-8176
 morton@cheergyms.com