



CREDIT CARD PAYMENT FORM

Type of Credit Card: (circle one) VISA MASTERCARD

Name as it appears on the card: _____

Card # _____

Expire Date: _____ Code on back: _____ Billing Zip: _____

Signature _____ Date: _____

Amount: _____

Reason for Charge: _____

Student's Name: _____

Organization's Name: _____

Person Requesting Charge: _____

Address: _____

City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

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

Fax to: 925-382-8923

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