



Credit Card Authorization

*Email to USSL@usspiritleaders.com
U.S. Spiritleaders Inc.
65 Pine Ave. #127
Long Beach, Ca. 90802
Phone: 562 233-1883*

Credit Card Authorization Form

Circle: Visa MasterCard American Express

School Name: _____ **Advisor Name:** _____

Student Name: _____ **Squad:** _____

U. S. Spiritleaders Event and Date: _____

Name as it Appears on the Credit Card: _____

Credit Card Billing Address: _____

Email: _____ **Contact Tel:** _____

Credit Card Number: _____

Expiration Date: _____

Credit Card Security Code #: _____

Amount to be Charged to Credit Card: _____

Note: This should include a 3% convenience fee that is indicated on your invoice.

Signature: _____ **Date:** _____