



Credit Card Authorization

Organization Name: _____

Contact Name: _____

Contact Phone Number: _____

Card Holder's Name: _____

Card Holder's Phone Number: _____

Card Billing Address: _____

Visa Mastercard

Credit Card Number: _____

Expiration Date: _____

3 Digit Security (on back of card): _____

Total Due \$ _____

5% Processing Fee \$ _____

Amount to be charged: \$ _____

I, _____, authorize Kansas City Athletic Cheer to charge the above listed credit card for the amount listed above. By signing below, I agree that I am authorized to make charges to the above listed credit card and I have read and understand there are no refunds.

Card Holder's Signature

Date



To pay by credit card, mail this form along with registration form to KCAC. NO REFUNDS

A 5% handling fee will be applied to all credit card transactions.

Mail Registration forms to: KCAC 8303 W 126 Street Overland Park, KS 66213