



## Credit Card Authorization Form

Mail, Fax or Email to:  
**U.S. Spiritleaders**  
P.O. Box 32227  
Long Beach, Calif 90832  
Fax 562.491-3431  
Phone: 562-491-3439  
e-mail: [info@usspiritleaders.com](mailto:info@usspiritleaders.com)

## Credit Card Authorization Form

Circle: Visa MasterCard American Express Discover

Team/School \_\_\_\_\_ Sponsor \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

U.S. Spiritleaders Event: \_\_\_\_\_

Name As It Appears On Credit Card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Credit Card Security Code\* \_\_\_\_\_

Amount To Be Charged On Credit Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_