



## Credit Card Payment Form

Skater's Name \_\_\_\_\_

USFS Member No. \_\_\_\_\_ CLUB \_\_\_\_\_

Full Name on Credit Card \_\_\_\_\_

Credit Card Type- MC, AMEX, VISA, Discover \_\_\_\_\_

Credit Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Zip Code \_\_\_\_\_ E-mail to send receipt \_\_\_\_\_

Signature of CC Holder x \_\_\_\_\_ Date \_\_\_\_\_

TOTAL to be charged \$ \_\_\_\_\_

*\*Additional Charge of 3% per transaction will be added.*

*Thank you.*