



**CREDIT CARD AUTHORIZATION**

Select the type of card you wish to authorize for transactions:

\_\_\_\_\_ Visa          \_\_\_\_\_ Mastercard          \_\_\_\_\_ Discover          \_\_\_\_\_ American Express

Credit Card #: \_\_\_\_\_

Expiration Date on Credit Card: \_\_\_\_\_ / \_\_\_\_\_

Authorization Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

I authorize this information to be kept on file for future use. \_\_\_\_\_ Yes    \_\_\_\_\_ No

I would like to set up monthly automatic tuition payments. \_\_\_\_\_ Yes    \_\_\_\_\_ No

I would like to set up automatic payments for performance expenses listed below. \_\_\_\_\_ Yes    \_\_\_\_\_ No

Payments for the amount of \_\_\_\_\_ will be charged to my credit card on the 25th of each month, lasting until the 25th of April, 2012.

I would also like my card to be charged for the performance fee of \_\_\_\_\_ on November 1, 2011 and costume fee(s) of \_\_\_\_\_ on December 1, 2011.

I authorize Performing Dance Center to charge my credit card for their services. If Performing Dance Center is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fees which results.

By signing this authorization, I acknowledge that I have read and agree to all of the above. All information given is complete and accurate.

Signature of Card Holder: \_\_\_\_\_

Printed Name of Card Holder: \_\_\_\_\_

Date of Signature: \_\_\_\_\_