

WEST COAST DANCE ARTS
CREDIT CARD AUTHORIZATION FORM

CREDIT CARD TYPE: VISA _____ MASTERCARD _____

NAME OF BANK ISSUING CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

THREE DIGIT CODE ON BACK OF CARD: _____

NAME PRINTED ON CARD: _____

BILLING ADDRESS OF CARD: _____
(Must Include Zip Code)

AMOUNT OF PAYMENT: _____

PAYMENT FOR: _____

DANCER NAME: _____

PHONE NUMBER: _____

CHARGE ABOVE AMOUNT ONLY THIS ONE TIME.

Initial here to authorize

CHARGE THE ABOVE AMOUNT OF \$ _____
ON THE 3RD OF EACH MONTH HEREAFTER UNTIL

Initial here to authorize

DATE

I hereby authorize WEST COAST DANCE ARTS to transact a credit card payment(s) by charging the card as set forth above for payment for services duly owed WEST COAST DANCE ARTS by me as set forth above.

CREDIT CARD AUTHORIZED SIGNATURE: _____

DATE: _____