



CREDIT CARD AUTHORIZATION FORM

Please fill in the following information:

CREDIT CARD INFORMATION: (circle one)

MasterCard

Visa

Discover

CREDIT CARD NUMBER

EXPIRATION DATE

PLEASE CHARGE THE FOLLOWING TO THIS CARD: (circle those that apply)

Tuition Competitive Team Charges Workshops Costumes All Charges Only on Request

PRINT NAME AS IT APPEARS ON CARD

BILLING ADDRESS FOR CREDIT CARD

CITY

STATE

ZIP CODE

CONTACT PHONE NUMBER

AUTHORIZED CARD HOLDER SIGNATURE

I, the undersigned, authorize Kathi's Dance & Gym Center, to charge the above referenced credit card for all services selected above. If we have a credit card on file, we will charge tuition and late fees on the 16th of the month that are not paid to the above mentioned card.