



CREDIT CARD AUTHORIZATION FORM

Please fill in the following information:

CREDIT CARD INFORMATION:

Circle one: MasterCard Visa Discover

CREDIT CARD NUMBER

EXPIRATION

CVC#

PLEASE CHARGE THE FOLLOWING TO THIS CARD EACH MONTH: (circle all that apply or all charges)

Tuition/Reg. Fee Competitive Team Charges Workshops Costumes All Charges Only on Request

NAME AS IT APPEARS ON CARD

BILLING ADDRESS FOR CREDIT/DEBIT 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.