

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: ____ Visa ____ Mastercard ____ Discover ____ Debit

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

I authorize ELITE Dance Studios to charge the credit card provided herein for purchases requested, by me, through telephone communication, voicemail message and email correspondence. Purchases can include, but are not limited to; tuition payment, merchandise, tickets, costumes. I agree to pay for purchases in accordance with the issuing bank cardholder agreement.

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

ELITE Dance Studios
28368 Constellation Rd #330
Valencia Ca, 91355
661-295-7774
elitedancestudios@gmail.com
www.elitedancestudiosca.com

ELITE Staff Record Only

Accepted by Staff Signature: _____

Date: _____

Staff Member Print Name: _____

Recorded By Staff Signature: _____

Date: _____

Staff Member Print Name: _____