



Credit Card Authorization Form

I hereby authorize The Spirit of Dance to charge my credit card as specified below:

Card Type (**CIRCLE ONE**) : MasterCard VISA

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ / _____
(MM / DD / YY)

Card Holder Name (**PRINT**): _____
(exactly as it appears on the credit card)

Billing Address of the Credit Card: _____

City: _____ State: _____ Zip: _____

Card Holder Phone Number: (_____) _____ - _____

Charge Amount(s): \$ _____

Authorized to run credit card payments:

From: September 1, 2009 To: June 1, 2010

I understand that if I wish to discontinue authorization to charge my credit card during this time for any reason, I must contact The Spirit of Dance.

Card Holder Signature: _____

Card Holder Name (**PRINT**): _____

Date of Signature: _____