



Credit Card Authorization Form

All information will remain confidential.

Student(s): _____

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zipcode: _____

Credit Card Type: Visa Mastercard Discover American Express

Credit Card Number: _____

Credit Card Expiration Date: _____

CCV Code (3 numbers on back of card): _____

Amount to charge: \$ _____ (USD) by the 5th of each month starting ____/____/____ ending ____/____/____.

I authorize Ballet Arts Academy to charge the agreed amount listed above to my credit card herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder- Print Name, Sign and Date Below:

Cardholder Name: _____

Cardholder Signature: _____ Date: _____