

# Charlee's Elite School of Dance

Valid from: July 15, 2018-July 15, 2019

## Credit Card/Debit Card Billing Authorization Form

DANCER'S NAME	
CARDHOLDER NAME	
CREDIT CARD TYPE	MASTERCARD      VISA      DISCOVER
CREDIT OR DEBIT	CREDIT      DEBIT
CARD NUMBER	
EXPIRATION DATE	
CVC CODE	
BILLING ADDRESS	
BILLING ZIP CODE	
PHONE NUMBER	
EMAIL ADDRESS	

### Check all that apply for the dance season 2018-19:

\_\_\_\_\_ Please charge monthly tuition, including Elite Edge monthly tuition and Elite Edge monthly fees, if applicable, of \$ \_\_\_\_\_, on the 1<sup>st</sup> of the month.

\_\_\_\_\_ Please charge technique costume payments as they come due.

\_\_\_\_\_ Please charge private lesson charges as they come due.

\_\_\_\_\_ Please charge any fees that can be paid by credit card as they are due.

I agree that all of the information above is accurate and complete. I acknowledge that I need to provide a written request to cancel this operation. In the event the credit card payment is declined, there will be a \$25.00 (\$26.75 with tax) service fee added to my account. I understand I will be e-mailed any notices of declined transactions and it is my responsibility to follow up within due dates of payments or be charged the late fees associated with the invoice. I will report any changes in the above information in person or via e-mail to [charleeseliteschoolofdance@gmail.com](mailto:charleeseliteschoolofdance@gmail.com).

Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only:
