



Art of Dance Credit Card Billing Authorization Form

Person Authorizing Charge:		
Credit Card Type:	Visa [] MasterCard []	
Issuing Bank:		
Credit Card Number:		
Enter CVC Number:	Last 3 digits from back of card	
Expiration Date:		
Billing Address:		
City, State, Zip:		
Phone Number:		
Please select one of the following payment options:		
Once	Bill my credit card once for the following amount:	\$ _____
Monthly	Bill my credit card once per month for the amount of services provided by Art of Dance	\$ _____
<p>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Art of Dance's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Applicant also acknowledges that there will be a 2% fee for handling and processing. This charge has been added to the total above. _____</p> <p style="text-align: right;">Initial</p> <p>Changes in the status of this card can be reported to www.artofdance.us attention Susan Smith.</p>		
<p>Authorized Signature _____ Date: _____</p>		