

Credit Card Authorization Form



Student Name(s) _____

Parent Name(s) _____

Cardholder Name _____

Billing Address _____

Card Type VISA MasterCard Discover

Card Number _____

Expiration Date _____

CVC (last 3 digits on the back of card) _____

I, _____, authorize SYNERGY DANCE ACADEMY to charge the credit/debit card listed above according to the following schedules:

- Tuition Schedule _____ Parent Initial _____
- Costume Purchase Schedule _____ Parent Initial _____
- Team Fee Schedule _____ Parent Initial _____

These items have been explained to me and I fully understand my financial commitment.

Card Holder Signature

Date