

Bay Area Dance School Credit Card Authorization Form

Person Authorizing Charge	
Credit Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
Issuing Bank	
Credit Card Number	
CVC Number	
Expiration Date	
Billing Address : Street	
City, State & Zip Code	
Phone Number	

Please Select One of the Following Options:		
Once	Bill my credit card once for the following amount -	
	Indicate what payment is for –	
Monthly	Bill my credit card once every month for the total amount of my family's account balance	

Cardholder Signature

Date