



_____ Date

Classic Dance Academy
Credit Card Authorization Form
(We Accept Visa, MasterCard and Discover)

Student(s) Name: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____

Complete Billing Address: _____

PLEASE INITIAL THE OPTION YOU WOULD LIKE TO SELECT:

	Please charge the above credit card once. The authorized amount is: \$ _____
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	Please use the above credit card to enroll my family in Auto Pay. I authorize Classic Dance Academy to use this card for tuition and other fees.
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SIGNATURE OF CARD HOLDER