



## CREDIT CARD AUTHORIZATION FORM

CARD HOLDER NAME: \_\_\_\_\_

CONTACT NAME

(IF DIFFERENT FROM CARD HOLDER: \_\_\_\_\_)

STUDIO NAME: \_\_\_\_\_

CONTACT TELEPHONE #: \_\_\_\_\_

CREDIT CARD TYPE:    MASTERCARD    VISA    AMEX    DISCOVER

CREDIT CARD NUMBER: \_\_\_\_\_

CC EXPIRATION DATE (MM/YY): \_\_\_\_\_    CVV: \_\_\_\_\_

ZIP CODE FROM BILLING ADDRESS: \_\_\_\_\_

AMOUNT OF ENTRIES/PACKAGES/TICKETS: \_\_\_\_\_

4% ADMINISTRATION FEE: \_\_\_\_\_

TOTAL AMOUNT CHARGED TO CARD: \_\_\_\_\_

I, THE UNDERSIGNED CARDHOLDER, HEREBY AUTHORIZE MY CREDIT CARD (LISTED ABOVE) TO BE USED AS THE METHOD OF PAYMENT FOR ALL CHARGES FOR THE MARYLAND DANCESPORT.

AUTHORIZED SIGNATURE: \_\_\_\_\_

MAIL ENTRIES & PAYMENTS TO:

MARYLAND DANCESPORT – PO Box 765, IRMO, SC 29063

MARYLANDDANCESPORT@GMAIL.COM