



## 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 – 3409 Silver Maple Place, Falls Church, VA 22042**

**Payments via Venmo and Zelle are also accepted!**

**Please contact Garry Gekhman at (732) 309-6352 or email [marylandDancesport@gmail.com](mailto:marylandDancesport@gmail.com) for more information.**