

Authorization for Credit Card Use (Summer)

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential

Student Name _____

Name on Card: _____

Billing Address: _____

Email Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover
_____ American Express

Credit Card Number: _____

Card Identification Number: _____ (last 3 or 4 digits located on the back of the credit card)

Expiration Date: _____

Amount to Charge: \$ _____ / month. Registration: \$ _____

I authorize Cuizon Ballet Centre to charge the agreed amount to the credit card provided herein. Summer Intensive charges can be paid in full, or split into two payments. Payments are *NON-REFUNDABLE* and *NON-TRANSFERABLE*.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____
