

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: \$ _____ / payment. 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 three payments. Foundational Ballet Summer program is to be paid in full before session begins. Payments are *NON-REFUNDABLE* and *NON-TRANSFERABLE*.

Cardholder – Please Sign and Date

Signature:

Date:

Print Name:
