American Stars of Dance, Inc.
Credit Card Authorization Form

Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May

Account Name: _____

Phone #: (_____) _____

I hereby authorize *American Stars of Dance, Inc.* to charge my credit card using the information provided below:

Payment Type (circle one): **Tuition Only** or **ALL** (Tuition, Costume Deposit, Costume, etc.)

Payment Frequency (circle one): **Monthly** or **One Time Payment Only** $ _____

Name on Credit Card: _____

Credit Card #: ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐

Expiration Date: ☐☐ / ☐☐ **CVV:** ☐☐☐

Cardholder Signature: _____ **Date:** _____

==========

Office Use Only: Addr: _____ Zip: _____

DATE	TRANSACTION DESCRIPTION	Amount	Initial