

## **Credit Card Authorization Form**

Please complete all fields. A 4% convenience fee will be added.

Studio/Name				
Credit Card Information				
Card Type:	□ MasterCard		□ VISA	□ AMEX
Cardholder Name (as shown on card):				
Card Number:				
Expiration Date (mm/yy):				Security Code:
Cardholder ZIP Code (from credit card billing address):				
Phone #:				
Amount \$		+4% \$		Total \$
I,, authorize Platinum Dancesport, to charge my credit card above for agreed upon purchases.				
Customer Signa	 ture	 Date		