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 Signature Date