



**2010-2011 CREDIT CARD AUTHORIZATION FORM**

Dancer's surname \_\_\_\_\_ Dancer's first name \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Authorized User for the Credit Card listed below: \_\_\_\_\_

Home Phone Number for the Authorized User: \_\_\_\_\_

E-mail for the Authorized User: \_\_\_\_\_

Credit Card Type: Visa  Master Card  Expiration Date: \_\_\_\_\_ (Month/Year)  
 (If your card expires or changes for any reason, it is your responsibility to bring us the new number and expiry date prior to the next payment coming off your card)

Credit Card #: \_\_\_\_\_ (Please write clearly)

I hereby confirm that I am the authorized user of the above noted credit card. As such, I authorize Dance Extreme Inc. to post payment to my credit card for current billing as well as invoiced amounts pertaining to... (Please initial beside each checked boxed)

- \_\_\_\_\_  Monthly billing the first of each month (first payment September 1/10 to June 1/10)
- \_\_\_\_\_  Full payment of fees
- \_\_\_\_\_  Recreational Costume Deposit(s) ... November 30/10
- \_\_\_\_\_  Competitive Costume Deposit(s) ... October 30/10
- \_\_\_\_\_  Additional invoices amounts authorized verbally

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Full Payment:** Amount \_\_\_\_\_

July 15<sup>th</sup> (10% discount)  September 1<sup>st</sup> (5% discount)

**Monthly Payments:** Amount \_\_\_\_\_

Sept  Oct  Nov  Dec  Jan  Feb  Mar  Apr  May  June

**Recreational Costume Deposit:** Amount \_\_\_\_\_ November 30<sup>th</sup>

**Competitive Costume Deposit:** Amount \_\_\_\_\_ October 30<sup>th</sup>