



2009-2010 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 1/09 to June 1/10)
- Full payment of fees
- Recreational Costume Deposit(s) ... November 30/09
- Competitive Costume Deposit(s) ... October 30/09
- Additional invoices amounts authorized verbally

SIGNATURE: _____ DATE: _____

Full Payment: Amount _____

July 15th (10% discount) September 1st (5% discount)

Monthly Payments: Amount _____

Sept Oct Nov Dec Jan Feb Mar Apr May June

Recreational Costume Deposit: Amount _____ November 30th

Competitive Costume Deposit: Amount _____ October 30th