



CREDIT CARD AUTHORIZATION FORM

Date	
Cardholder Name	
Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Card Number	
Expiration Date	
3 Digit CV Code	
Email	
Billing Address	
City/State/Zip	
Phone Number	

Once	Bill my credit card once for the following amount:	
Monthly	Bill my credit card once per month for the following amount:	

I agree that all information provided is accurate and complete. Disputes to amounts invoiced or changes in the status of this card should be reported to saluk@ede-dance.org.

Authorization Signature: _____ Date: _____

OFFICE USE ONLY:

Sales Description	Amount
Sales Description	Amount
Sales Description	Amount