

**Revolution Dance Center
Credit Card Authorization Form**

Dancer's Name(s) _____

Cardholder's Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Email Address _____

TUITION PAYMENT INFORMATION

Tuition is due on the 1st of the month (Sept - April). Payments are late after the 10th of the month.

Tuition Amount charged: _____

A 3.5% fee will be charged on all credit card transactions.

CREDIT CARD INFORMATION

Type of card: VISA Mastercard American Express

Account Number _____

Expiration Date _____ CVV Code _____

I authorize Revolution Dance Center to charge my credit card listed above for all agreed upon purchases. I understand that my information will be saved to file for future withdrawal from my account on the 10th of each month from September 10th to April 10th. This form can also be used for charges that are requested via email or other purchases.

Signature _____ Date _____