BCDC
BRITTANY CODY
DANCE COMPANY

Credit/Debit Card Authorization Form

Please fill out this form completely. A credit/debit card is required to be on file.

Parent/Guardian Name _____

Dancers Name _____

Billing Information	
Address:	
City, State, Zip:	
Phone Number:	**Email:**

Credit/Debit Card Information			
Visa	**Mastercard**	**Amex**	**Discover**
Cardholder Name:			
Card Number:			
Expiration Date:	**Security Code (on back):**	**Cardholder Zip Code:**	

I, _____ authorize ***Brittany Cody Dance Company*** to charge my credit/debit card above for agreed upon services. I understand that my information will be saved to my file for future transactions on my account. I certify that I am an authorized user of this credit/debit card and agree to the payment terms if the transactions correspond to the terms indicated in this authorization form.

Customer Signature _____

Date _____