



**PLEASE COMPLETE THE INFORMATION BELOW:**

**CARD TYPE (PLEASE SELECT):** ☐VISA    ☐MASTERCARD    ☐AMEX    ☐DISCOVER    ☐OTHER: \_\_\_\_\_

**Cardholder name (as shown on card):** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiration Date (mm/yyyy):** \_\_\_\_\_ **CVC Code:** \_\_\_\_\_

**Billing Address** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_ **Email** \_\_\_\_\_

**I authorize American Dance Productions LLC to charge my credit card, indicated below, for the grand total of**  
**\$** \_\_\_\_\_ **for** \_\_\_\_\_  
\_\_\_\_\_.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify American Dance Productions LLC in writing of any changes in my account information or termination of this authorization. I certify that I am an authorized user of this credit card and will not dispute these transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.