

THE DANCE CONNECTION

Automatic Credit Card Billing Authorization Form

Complete the Credit Card Information section below and sign the form if you would like to enjoy the convenience of automatic billing. All requested information is required. Upon approval we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information (to be completed by merchant)

Customer Name: _____ Student's Name: _____ Phone: _____
_____ - _____ - _____

Name of childcare center or school attending for dance lessons

Payment Information (to be completed by merchant)

I authorize The Dance Connection to automatically bill the card listed below as specified:

Amount: _____ Frequency: _____ Monthly _____ Quarterly _____ Annually
(Check one only)

Start billing on: ____/____/____ Ending billing when: _____ Contract expires: ____/____/____

Customer provides written cancellation

Credit Card Information (to be completed by customer)

The Dance Connection accepts the following credit cards: **Visa or MasterCard**

Credit card type: _____ Credit card number: _____ Expires: _____
_____ / _____

Cardholder's name: _____ Cardholder's Zip Code (required) _____

(as shown on credit card)

(from credit card billing address)

Customer's signature: _____

Date: _____

_____ / _____ / _____

Please mail this form to:
The Dance Connection
6673 N. Moon Drummer Way
Meridian, ID 83646