

Card authorization form

I, _____, give permission to Dalinda Dance Studio to charge
Buyer name **Business name**

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

Amount authorized **Cardholder email** **Monthly Tuition**
Product/service

All fields required

Card information

Card type

- ☐ MasterCard
☐ Discover
☐ VISA
☐ AMEX

☐ Other _____

Cardholder (Name on card)

Card number

Expiration date
(MM/YYYY)

ZIP code
(From credit card billing address)

Recurring payments information

Charge every:

Week ☒ **Month** Quarter Other _____

Charge on this date 1st of every month

(For example, the 1st of every month)

☒ **Email receipts**

☐ **Mail receipts to:**

Payment amount

Monthly Tuition - Dance Lessons

Product/service sold

To cancel, contact: dalindadancestudio@gmail.com
(Name and email)

Cancellations must be received 1 week prior to the expected billing date.

Terms of agreement

(For example, cancellations must be received 1 week prior to expected billing date)

Customer signature

Date