

# 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.

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

**All fields required**

## Card information

### Card type

- MasterCard  
 Discover  
 VISA  
 AMEX

Other

\_\_\_\_\_  
**Cardholder** (Name on card)

\_\_\_\_\_  
**CVV**

\_\_\_\_\_  
**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**