



Authorization for Credit Card Use

(All information will remain confidential)

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AMEX

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Monthly Amount to Charge: \$ _____ (USD) + 3% credit card fee.

I authorize NEXT LEVEL DANCE CO. to charge the amount listed above to the credit card provided herein on the 1st of every month.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

I authorize Next Level dance Co. to charge the credit card indicated in this authorization form to the terms outlined above. I understand that this authorization will remain in effect until the designated expiration date or until I cancel in writing, whichever, comes first and I agree to notify Next Level dance Co. in writing of changes in account information or termination of this authorization at least 15 days prior to the next billing date. If the above payment date(s) fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated herein.