

CREDIT CARD AUTHORIZATION FORM

Please complete ALL cardholder areas below and submit the signed and dated form to the FAX number listed below! <u>All blanks MUST be completed. Otherwise, the form will be rejected and late fees apply!</u> This form MUST be received at least 72 hours PRIOR to payment due date listed in your Tour Information Sheet!

PASSENGER INFORMATON: List all passengers whose balance this charge will apply towards!

NAME OF PASSENGER:	
ADDITIONAL PASSENGER:	
ADDITIONAL PASSENGER:	
ADDITIONAL PASSENGER:	
EVENT DESTINATION:	
DATE OF TOUR:	

CREDIT CARD INFORMATON: This information to be completed by the cardholder!

NAME AS IT APPEARS ON CREDIT CARD:					
CARDHOLDER BILLING ADDRESS:					
CARD HOLDER HOME PHONE:					
CARD HOLDER CELL PHONE:					
CREDIT CARD TYPE: <u>Please circle one:</u>	VISA	MasterCard	Discover		
CREDIT CARD NUMBER				-	
CREDIT CARD EXPIRATION DATE:		3 DIGIT CODE (Back of card)			
PAYMENT AMOUNT THIS TRANSACTION:	\$	Add 8.25% Sale	es Tax	=	<u>\$</u>
		Add \$20.00 processing fee = <u>\$</u> *The processing fee is charged by CC vendor for all manually entered transactions.			
		TOTAL AMOUNT	DEP CHARG	E =	<u>\$</u>
REOCCURING MONTHLY CHARGE ON CARD To be charged on the 1st of each month until balance is paid in	Add 8.25% Sale	es Tax	=	<u>\$</u>	
	<i></i>	Add \$20.00 proc	cessing fee	=	<u>\$</u>
		TOTAL AMOUNT	REOCCURIN	IG =	\$

CHARGE AUTHORIZATION:

NAME AS IT APPEARS ON CREDIT CARD:

By signing below, you authorize HTEDance and/or HTEDance ON TOUR! To immediately charge the amount listed above. You also agree to a monthly charge on your account of \$300 on the 1st of every month until balance of trip is paid in full. You further agree that should this amount be declined, you will still uphold the payment schedule and any late fees that would then apply to the unpaid balance. Also, by signing you further understand that any charge-backs from your credit card company to our merchant vendor account would result in an additional \$50.00 penalty plus any late fees that may have resulted in the pending charge being denied! Finally, by your signature below, all balances MUST be satisfied no later than 60 days prior to your tour. After that, your space may be cancelled if event cost is not paid IN FULL within 10 days of credit card denial or chargeback! Balances then are due in full in the form of money order or cashiers check and must be sent overnight to our San Antonio office.

CARDHOLDER SIGNATURE:

For Office Use Only:

Authorized Amount:

Approval:

Date:___

SAN ANTONIO OFFICE FAX NUMBER: 210-340-2315

Updated: August 2017