

I _____ Authorize Dancespace Inc. to charge my credit card at the first of every month for my child's tuition.

For services rendered. Not to exceed the amount shown.

AMOUNT \$ _____ USD.

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

ISSUED DATE _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____

(As it appears on card)

SIGNATURE

DATE

NOTES:

Dancespace Inc.

CREDIT CARD AUTHORIZATION FORM

Date _____