



Credit/Debit Card Payments

Payment Date: _____

Card Holder Name: _____

Card Holder Mailing Address: _____

Amount to Bill/classes: _____

Amount to Bill/dancewear: _____

Amount to Bill/costumes: _____

Transaction Fee: _____

Transaction fees: \$5.00 per transaction or per \$100.00 increments.

TOTAL PAYMENT ON CARD: _____

Credit Card # _____

Expiration Date _____

Security Code _____

Signed: _____
