



## 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: \$6.00 per transaction or per \$100.00 increments.

TOTAL PAYMENT ON CARD: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Signed: \_\_\_\_\_

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