

Credit Card Authorization Form Season 2023-2024 Expires June 30, 2024

I(Name)	_ authorize Endless Mountains Dance Center to charge my
	d, not to exceed the amount shown.
Student Name	
Amount \$USD	REFERENCE: Monthly tuition and (if applicable) related fees for:
Credit Card Type	
Credit Card #	
Card CV2 #	additional merchandise or fees as
Issued Date	I authorize this card to be used to pay a
Billing Address	one time annual tuition and any and all additional pay by card expenses accrued
Billing Zip Code	
Name as appears on card	
Signature	Date
Endless Mountains Dance Center, PO Box 212, Towanda, PA 18848 (570) 268- 4191	
DO NOT WRITE BELOW. COMPANY US	SE ONLY.
Notes:	