

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: | |
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