



Credit Card Authorization Form
Season 2026-2027 Expires June
30, 2027

I _____ authorize Endless Mountains Dance Center to charge my
(Name)
credit card for services rendered, 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 # _____

Issued Date _____

Expiration Date _____

Billing Address _____

Billing Zip Code _____

Please select one:

- ☐ I authorize this card to be used to pay monthly tuition, costume fees, and any additional merchandise or fees as accrued
- ☐ I authorize this card to be used to pay a one time annual tuition with costumes.
- ☐ I authorize this card to be used to pay a one time annual tuition and any and all additional pay by card expenses accrued in the 2026-2027 dance season.

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 USE ONLY.
