

**COLUMBIA CONSERVATORY OF DANCE, INC. CREDIT CARD AUTHORIZATION FORM**

Name on Card: \* First \_\_\_\_\_ \*Last \_\_\_\_\_

Billing Address: \* \_\_\_\_\_  
\_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ Zip Code: \* \_\_\_\_\_

Email: \* \_\_\_\_\_ Phone\* \_\_\_\_\_

Type of Card: \* Visa \_\_\_ MasterCard \_\_\_ AmEx \_\_\_ Other \_\_\_\_\_

Card Number: \* \_\_\_\_\_

Expiration Date: \* \_\_\_\_\_ Security Code: \* \_\_\_\_\_

**\*I authorize Columbia Conservatory of Dance Inc. to charge my credit card for the authorized amount. I understand that my information will be saved to file for future transactions on my account.**

Yes \_\_\_\_\_ / No \_\_\_\_\_

Amount to Charge Credit Card: \$ \_\_\_\_\_

Card Holder Signature: \* \_\_\_\_\_

Date of Signature: \* \_\_\_\_\_

Signature of Employee: \_\_\_\_\_