

Credit Card Authorization Form

Name on Card: _____

Student Name: _____

Card Number: _____

Expiration Date: ____ / ____

Address of Card Holder: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address for Receipt: _____

Please use my card for the following uses:

Tuition Costumes Competition Fees Fusion Fusion 2

By signing this paper, I give Juliana's Academy of Dance permission to run my card on the date these items are due. I understand that if my card is declined, I will receive a \$25 late fee on my account. If my card is cancelled or expired, it is my responsibility to call Juliana's Academy of Dance with new card information.

Signature: _____ **Date:** _____