



Date Added to Card Pointe: _____

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: _____

Card can be used for the following (please check): _____ ALL

_____ Tuition _____ Costumes _____ Competition fees

_____ Fusion _____ Fusion 2 _____ Summer Classes

By signing this paper, I give Juliana's Academy of Dance permission to run my card on the date these items are due (**you will NOT be called**). I understand that if my card is declined, I will receive a \$25.00 late fee on my account. If my card is cancelled or expired, it is my responsibility to call Juliana's Academy of Dance with the new card information.

Signature: _____

Date: _____

Signature: _____

Date: _____