



1225 State Road
Princeton, NJ 08540
609-924-1818

Credit Card Authorization Form

Please complete the information below:

I _____ authorize Dance Exposure II to charge my credit card
(full name)

indicated below for payment of amounts owed if I do not pay the outstanding amount owed within 30 days of the due date. I agree that no prior-notification will be provided unless the amount invoiced changes, in which case I will receive notice from Dance Exposure II at least 10 days prior to the payment being collected.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Credit Card Information (Please Print)

- | | |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Amex | <input type="checkbox"/> Discover |

Cardholder Name _____

Account Number _____

Exp. Date _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Dance Exposure II in writing of any changes in my account information or termination of this authorization. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.