

FOCUS Dance Center

Credit Authorization Form

FDC offers the convenience of billing directly to your VISA or MASTERCARD credit account. Simply fill out this form and hand it in to the FOCUS office

Student's Name: _____

Credit Account Holder's Name: _____

Account Holder's Address: _____

Phone: () _____ - _____

E-Mail Address: _____

Card Type: _____ VISA _____ Mastercard

Account # : _____

Expiration : _____ / _____ **CVV Code:** _____

(Please Check and initial box below for us to accept this form)

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INITIAL

I authorize FDC to bill my credit account on/after the first of every month for the full amount of said student's monthly tuition or to bill my credit account for concert costs, competition costs and/or any other mutually agreed upon amount, plus an additional 2% administrative fee.

Billing cycle: _____, 20 _____ through _____, 20 _____

SIGN: _____ **DATE:** _____

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Please check box(es) below indicating what you want to use this credit account for:

Monthly Tuition Competition fees Other _____

On file only for potential competition billings