Automatic Credit Card Billing

2009-2010

Office Use

TUITION AMOUNT:

$_____

___ 5 Weeks ___ 10 Weeks

Customer Information

Dance Etc. Account Number: _____

Account Name: _____

Student's Name(s): _____

_____ Visa ____ Mastercard

Credit Card Number: _____ Exp. Date:_____

Name on Credit Card _____

Security Code from back of card: _____

AGREEMENT

I give my permission to allow Dance Etc. to automatically charge my credit card for tuition, entry fees and costume(s) (if applicable). I understand that a two-week notice is needed for withdrawals.

Signed: _____

Name Printed: _____ Date Signed: _____

Record of Transactions

Date	Amount of Charge	Description of Charge	Staff

Dance Etc.
5985 Meijer Drive
Milford, OH 45150

Phone: (513) 576-1400
Fax: (513) 576-0940