



Cleveland Dancesport

P.O. Box 100, Uniontown, OH, 44685

330.280.6265

Email: dancesportcleveland@gmail.com

CREDIT CARD AUTHORIZATION FORM

Please Print out and complete this Authorization and Return to us.

All information will remain CONFIDENTIAL.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa Mastercard Discover AMEX

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (Last 3 digits on the back or for AMEX 4 digits on the front)

Amount to Charge: \$ _____ **(USD)**

4% Admin Fee: \$ _____ **(USD)**

TOTAL DUE: \$ _____ **(USD)**

I authorize **Cleveland Dancesport** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign, and Date Below:

Signature: _____

Printed Name: _____

Date: _____