American Stars of Dance, Inc.
Credit Card Authorization Form

Sept.
Oct.
Nov.
Dec.
Jan.
Feb.
March
April
May

Account Name: _____ Phone #: _____

I hereby authorize American Stars of Dance, Inc. to charge my credit card using the information provided below:

Payment Type: Tuition only **OR** Tuition/Costume/Costume Deposit

Name on Credit Card: _____

Visa / MasterCard #: □□□□-□□□□-□□□□-□□□□

Expiration Date: □□ / □□

Cardholder Signature: _____ Date: _____

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office use:

DATE	TRANSACTION DESCRIPTION	Initial