



Credit Card Authorization

Card Holder Name: _____

Contact Name

(If Different from Cardholder): _____

Studio Name: _____

Contact Telephone #: _____

Credit Card Type: Mastercard Visa AMEX Discover Credit

Card Number: _____ CC

Expiration Date (MM/YY): _____ CCV: _____ Zip

Code from Billing Address: _____

Amount of Entries/Packages/Tickets: _____

4% Administrative Fee: _____

Total Amount Charged to Card: _____

I, the undersigned cardholder, hereby authorize my credit card (listed above) to be used as the method of payment for all charges for the PhiladelphiaDancesport Championships.

Authorized Signature: _____