Credit Card Authorization Form

&

Student Name(s) _____

Parent Name(s) _____

Cardholder Name _____

Billing Address _____ ZIP_____

Card Type VISA MasterCard Discover **(no AMEX)**

Card Number _____

Expiration Date _____

CVC (last 3 digits on the back of card) _____

I, _____, authorize SYNERGY DANCE ACADEMY and/or SYNERGY GYM to charge the credit/debit card listed above according to the following schedules

☐ Tuition Schedule _____ Parent Initial

☐ Costume/Tumble Uniform Purchase Schedule _____ Parent Initial ____

☐ CHEER Fee Schedule _____ Parent Initial ____

☐ DANCE TEAM Fee Schedule _____ Parent Initial ____

These items have been explained to me and I fully understand my financial commitment.

_____ _____

Card Holder Signature Date

****There's a 30 day notice when dropping a class****

Office Use Only

Dance_____

Gym_____

Date_____