



CREDIT CARD CHARGE FORM AUTHORIZATION

THIS FORM IS FOR TUITION AND REGISTRATION FEE ONLY

**Mail: Pat's Dance Studio, Inc.
or Baldwin, NY 11510
Fax: (516) 546-2984**



**TYPE OF CARD:
(Please Check)**

Credit Card Holder

Credit Card Number

Expiration Date
Mo. Year

CREDIT CARD HOLDER'S ADDRESS
Street Address

Street Address

City State Zipcode

Signature , Student Names:

Daytime Phone Number

I authorize Pat's Dance Studio to charge \$ _____ to my MASTERCARD/VISA CREDIT CARD
I also authorize Pat's Dance Studio to charge my MASTERCARD/VISA CREDIT CARD monthly tuition.

You may mail or fax this form to: PAT'S DANCE STUDIO:

Address: Fax: (516) 546-2984
961 Church Street
Baldwin, NY 11510