



CREDIT CARD APPLICATION

All accounts MUST have a credit card on file

Please read carefully and complete in full, the section below. Should you have any questions at all, feel free to contact us. Thank you for choosing Center Stage as your dance studio. We sincerely appreciate your business.

Please check one: _____ Visa _____ MasterCard

Expiration Date: _____

Card Number: _____

Card Holder Name: _____

Dancer Name: _____

I hereby authorize CENTER STAGE DANCE STUDIO LLC to automatically charge my credit card on file. Tuition payments, registration fee and costume fees will be charged the first week of the trimester. If I would like to make alternate arrangements (i.e. pay by check or set up budget payments) I will notify Center Stage Dance Studio no later than 1 week prior to payment due date.

I understand these payments will continue until the conclusion of classes. Should my account information change during the dance year, I agree to notify Center Stage Dance Studio in writing and supply correct information. Any credit card payments that are declined or rejected will result in an automatic charge to my account in the amount of \$25.

Card Holder Signature

Date