



Baltimore Dancesport Challenge
8610 Washington Blvd, Suite 203, Jessup, MD 20794
240-535-2669 Fax 301-476-0160
E-mail: info@baltimoredancesportchallenge.com

CREDIT CARD AUTHORIZATION FORM

Please Print Out and Complete this Authorization and Return to us.
All Information will remain Confidential.

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_
\_\_\_\_\_

Credit Card Type: \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ AMEX
Credit Card Number: \_\_\_\_\_
Expiration Date: \_\_\_\_\_
Card Identification Number: \_\_\_\_\_ (Last 3 digits on the back or for AMEX 4 digits on front)

Amount to Charge: \$ \_\_\_\_\_ (USD)

4% Admin Fee: \$ \_\_\_\_\_ (USD)

TOTAL DUE \$ \_\_\_\_\_ (USD)

I authorize Baltimore Dancesport Challenge to charge the agreed amount listed above to my credit card provided herein.
I agree that I will pay for this in accordance with the issuing bank cardholder agreement.

Cardholder - Print Name, Sign and Date below:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_