Baltimore Dancesport Challenge
8610 Washington Blvd, Suite 203, Jessup, MD 20794
240-535-2669
E-mail: baltimoredancesport@gmail.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: _____