



Baltimore Dancesport Challenge
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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: _____