



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information

Card Holder Name	
Card Number	
Exp Date	
CVC	
Billing Zip Code	

Payment Options (choose one):

- Monthly Tuition Only
- Other Charges Only (Costumes, Tights, Shoes, Jewelry, Dance Wear, TShirts, Recital Fee)
- Monthly Tuition & Other Charges

I, _____, authorize **Stairway to the Stars** to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date