



The Institute for Dance, Inc.

Credit Card Payment Form:

If you would like the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for your monthly tuition on the 1st of each month and your costume fees as they become due. You may cancel the automatic billing authorization at any time by contacting us.

Mastercard () Visa ()

Card Number: _____ / _____ / _____ / _____ Exp. Date: _____ / _____

Card Holder's Name: (as it appears on card) _____

Card Holder's Address: _____

City: _____ Zip: _____

Phone Number: (____) _____ Email: _____

I authorize The Institute for Dance, Inc to automatically bill the card listed below as specified:

Tuition Amount: \$ _____ Costume Deposit (Oct 31): \$25.00 per costume

Costume Balance (Feb 1) : _____

Reg Fee: \$ _____

Start billing on _____ / _____

End billing on _____ / _____

Customer's Signature: _____