

**Stapleton Ballet Registration 2008/09**  
**Credit Card Payment Authorization Form**

PLEASE PRINT:

Dancer's Name: \_\_\_\_\_

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

MasterCard  VISA

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

Card Number (must be 13 or 16 digits): \_\_\_\_\_

Expiration date (mm/yy): \_\_\_\_\_ 3 digit security code (*last 3 numbers above name on signature panel*): \_\_\_\_\_

*Please check one and sign below:*

- I hereby authorize the Stapleton School to bill the above credit card **one-time only**, in the amount of \$ \_\_\_\_\_
- I hereby authorize the Stapleton School to keep this card on file and bill my account for quarterly tuition charges. Stapleton agrees to send a confirmation statement to the above address any time this card is billed.

Cardholder signature \_\_\_\_\_

Date \_\_\_\_\_