



Credit Card Payment Registration Form

I hereby authorize **All About Dance, LLC** to charge my credit card on the **1st** day of each month in the amount specified below for tuition and/or recital payment.

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____

Security Code _____

Billing Address _____

Date of First Payment _____

Payment Amount _____

I understand that **All About Dance** will charge my credit card as indicated above.
I understand that these payments will continue until I notify **All About Dance** to discontinue them.
I understand that if I need to change my account information, I can do so by phoning **All About Dance** @ 480-860-8660.

Signature: _____

Date: _____

