



## Credit Card Payment Registration Form

I hereby authorize **All About Dance, LLC** to charge my credit card on the **1<sup>st</sup>** day of each month in the amount specified below for monthly tuition and/or production/costume payments.

\* **All About Dance** does not accept American Express, Discover or Diners Club.

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

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

Monthly Tuition Amount \$ \_\_\_\_\_

- Your account information will be protected. Only office management has access.
- All About Dance** will charge my credit card as indicated above.
- Payments will continue until I notify **All About Dance** to discontinue them.
- To change my account information, I can do so by phoning **All About Dance** @ 480-860-8660.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

