

FOCUS Dance Center

CREDIT AUTHORIZATION FORM – 2009/2010

FOCUS NOW OFFERS THE CONVENIENCE OF MONTHLY TUITION BILLING DIRECTLY TO YOUR VISA OR MASTERCARD CREDIT ACCOUNT. SIMPLY FILL OUT THIS FORM AND HAND IT IN TO THE FOCUS ADMINISTRATION.

STUDENT'S NAME: _____

CREDIT ACCOUNT HOLDER'S NAME: _____

CREDIT BILLING ADDRESS: _____

HOME ADDRESS (IF DIFFERENT): _____

PHONE: () - _____

E-MAIL ADDRESS: _____

CARD TYPE: ___ VISA ___ MASTERCARD

ACCOUNT #: _____

EXPIRATION: ____ / ____

--- BOTH BOXES BELOW **MUST BE INITIALED** ---

.....
 I AUTHORIZE FOCUS DANCE CENTER TO BILL MY CREDIT ACCOUNT ON THE FIRST OF EVERY MONTH FOR THE FULL AMOUNT OF SAID STUDENT'S MONTHLY TUITION PLUS AN ADDITIONAL 2% ADMINISTRATIVE FEE. BILLING CYCLE: _____, 20__ THROUGH _____, 20__.
INITIAL

.....
 I AUTHORIZE FOCUS DANCE CENTER TO "ARCHIVE" (STORE IN A SECURE LOCATION OR COMPUTER SYSTEM) MY CREDIT ACCOUNT INFORMATION *FOR THE SOLE PURPOSE OF* MAINTAINING MONTHLY TUITION BILLING.
INITIAL

SIGN: _____

DATE: _____

FOCUS DANCE CENTER – OFFICE USE ONLY

FDC ACCOUNT #: _____

TUITION: _____