

**PRECISION DANCE COMPANY
CREDIT CARD FORM**

Purpose: _____

Date: _____ Order Received by: _____

CUSTOMER (STUDENT) INFORMATION:

Name: _____

Mailing Address: _____

Phone: _____ Email Address: _____

Session Paid for: _____

CREDIT CARD INFORMATION:

Name on Card: _____ Card Type: _____

Card Number: _____ Exp Date: _____

Billing Address: _____

3-digit security code: _____ Amount to be charged: _____

Cardholder's Phone: _____

Charge Monthly Tuition? _____ YES _____ NO
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** Note: inform customer that a receipt will be mailed to them.*

COMPLETED FORMS ARE TO BE SUBMITTED TO FINANCE TEAM OR PLACED IN PAYMENT BOX