Credit Card Authorization Form

Please complete and sign this form to authorize the Fantasy Ball (DBA Dance Dynamite Inc) to make a one-time charge to the credit card provided herein.

Please PRINT All Information Completely & Clearly!!!

Cardholder Name _____

Billing Address _____

_____

Billing Zip Code _____

Telephone Number _____

Credit Card Type ___Visa ___Mastercard ___Discover ___AMEX

Credit Card Number _____

Expiration Date _____ Security Code* _____

* Last 3 digits on back of Visa/MC/Discover cards or 4 digits on front of AMEX cards

By signing this form, you give us permission to debit your account
for the amount indicated below.

_____ + _____ = _____

Subtotal 4% Convenience Fee Total

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the amount indicated. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company as long as the transaction corresponds to the terms indicated in this form.

Signature_____ Date_____

Please send with completed entry form, signed waiver & accounting form to: Fantasy Ball, c/o Robin Smith, 145 Curds Way, Red Lion, PA 17356. Telephone (571) 354-6263. FAX (703) 957-2911. Email info@fantasyballdancesport.com. Entries will not be processed without payment in full. Please see Rules & Regulations for cancellation and refund policies.