



CREDIT CARD AUTHORIZATION FORM

Card Type (circle one) : M/C VISA DISCOVER AMEX AMEXOPTIMA

Card Number: _____

Expiration Date: ____/____/____

Card Holders Name: _____
(exactly as it appears on the credit card)

Billing Address: _____

City _____

State _____ ZIP _____

Card Holder Phone Number:() _____ - _____

Card Holder E-mail: _____

Charge Amount: \$ _____

I hereby authorize STARS STUDIO, LLC to run a charge for the above amount (circle one):

MONTHLY (1st of each month, through June, 2012)

QUARTERLY (9/1/2011, 12/1/2011 or 3/1/2012)

and acknowledge that all other charges (recital costumes, retail, production fees, etc.) will require verbal consent prior to the card being run for such expenses. Further, I expect that Stars Studio will keep the information provided herein locked in a safe location and expect that this paper will be shredded after the dance season.

Card Holder Signature: _____

Card Holder Name (PRINT): _____

Date Of Signature: ____/____/____

Stars Studio Staff Member: _____