



CREDIT CARD AUTHORIZATION FORM

LAST NAME \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

CARDHOLDER'S NAME:

FIRST:	MIDDLE INITIAL:	LAST:
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CARDHOLDER'S BILLING ADDRESS:

STREET ADDRESS:	CITY:	STATE/ZIP CODE:
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CREDIT CARD TYPE:  
(PLEASE CHECK ONE)

VISA	MASTERCARD	DISCOVER	AMERICAN EXPRESS
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CREDIT CARD INFO:

CREDIT CARD NUMBER:	EXPIRATION DATE:
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I, \_\_\_\_\_, AUTHORIZE CENTER STAGE STUDIO TO CHARGE MY CREDIT CARD IN THE AMOUNT OF \$\_\_\_\_\_ ON THE 10<sup>TH</sup> OF EVERY MONTH IN SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER 2017 & JANUARY, FEBRUARY, MARCH, APRIL, MAY 2018.

SIGNATURE OF CARDHOLDER: \_\_\_\_\_