



Dream Dance Studio

CONFIDENTIAL INFORMATION

This message contains confidential information and is intended only for the individual named.

Credit Card Authorization

DATE: _____

TO: Dream Dance Studio Sales & Support Team

FROM:

Name: _____

Address: _____

Phone Number: _____ **E-mail** _____

Fax No.: _____

Description of expense: _____

Fill in the Credit Card Information Below:

CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	
NAME AS IT APPEARS ON THE CARD:	_____
CREDIT CARD NO.:	_____
EXPIRATION DATE:	_____
CCV# (SEE BACK OF CARD-3 DIGITS)	_____
PAYMENT AMOUNT:	_____
I HEREBY AUTHORIZE DREAM DANCE STUDIO AND ITS REPRESENTATIVE OR AGENT TO CHARGE MY CREDIT CARD ACCOUNT FOR PAYMENT OWED.	SIGNATURE: X _____

Dream Dance Studio
Attention: Customer Service Department
1451 US Highway 46
Ledgewood, NJ 07852
United States of America
E-mail: support@dreamdancestudio.com
Fax: 19737564036

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