



# Credit Card Authorization

PLEASE PRINT

To: Stage Presence Performing Arts Studio

From: \_\_\_\_\_ Fax#: \_\_\_\_\_

**Instructions:** Complete the billing instructions and card detail sections of this form and sign. Return this form with a copy of:

- Cardholder's License
- Front and Back of the credit card being used.

Payment for: \_\_\_\_\_

### Billing Instructions:

- Registration Fee \$ \_\_\_\_\_
- Tuition \$ \_\_\_\_\_
- Program Fees \$ \_\_\_\_\_
- Other: \$ \_\_\_\_\_

**Card Details:**  Visa  Discover  Diner's Club  Master Card

### CARD NUMBER

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Credit Card Expiration Date: \_\_\_\_\_ CID# \_\_\_\_\_  
The last three digits on the back

Company Name: (if corporate card) \_\_\_\_\_

Name as it appears on Credit Card (Please Print): \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Number: \_\_\_\_\_

The cardholder signed below, in compliance with cardholder agreement, agrees to pay all charges as indicated above.

\_\_\_\_\_  
**Cardholder Signature** \_\_\_\_\_  
**Date**

A copy of your receipt will be sent to you after your card has been charged. Please indicate how you would like to receive your receipt.

- I do not need a copy
- Fax to the number above
- Mail to the address above

PLEASE DO NOT FORGET TO FAX THE **FRONT AND BACK** OF THE AUTHORIZED CREDIT CARD AND **CARDHOLDER DRIVERS LICENSE**

**FAX TO: 713-995-6899**