



**Dance Marathon**  
**Credit Card Charge Slip**

Name: \_\_\_\_\_

Billing Address:  
(where credit card statement is sent)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Card Type:

MasterCard    Visa    Discover

3-digit Security Code (on back) \_\_\_\_\_

Credit Card Number:  
\_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

I agree that my credit card will be  
charged in the amount of \$ \_\_\_\_\_

Signature: \_\_\_\_\_

***Please note: This authorization form  
will be destroyed after credit card  
transaction is processed.***



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