

Bowen-Hayes School of the Arts/Inland Empire Contemporary Ballet, Inc.  
Credit Card Authorization Form



I, \_\_\_\_\_, hereby authorize Bowen-Hayes School of the Arts/Inland Empire Contemporary Ballet, Inc. to charge my credit card for my **MONTHLY TUITION** for my student:

\_\_\_\_\_ in the amount of \$\_\_\_\_\_.

I understand my credit card will be charged on the 1st of each month, for that month's tuition. If my credit card cannot be honored by my institution on the first attempt, a second attempt will be made, however, if after the second attempt my credit card cannot be honored by my institution, by the 3<sup>rd</sup> of that month my account will be assessed a \$20.00 late fee.

VISA            MASTERCARD            A/E    *(Please circle)*

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Code \_\_\_\_\_

Credit Card Billing Information

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Card Holders Name \_\_\_\_\_

Dance Year \_\_\_\_\_ - \_\_\_\_\_

Card Holder's Signature

\_\_\_\_\_ Date \_\_\_\_\_

Your security is paramount! Bowen-Hayes School of the Arts/Inland Empire Contemporary Ballet, Inc. will keep all information entered on this form strictly confidential. Your account will remain on Automatic Billing for the entire year; unless BHSOTA/IECB is notified in person or in writing with a "**Dance Studio Withdrawal Form**". Can be found at [www.DanceIE.com](http://www.DanceIE.com). Please return this completed form to our studio office upon completion, thank you.