

Inland Empire Dance Center &
Inland Empire Contemporary Ballet, Inc.
Credit Card Authorization Form



I, _____, hereby authorize Inland Empire Dance Center/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 3rd 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! Inland Empire Dance Center/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 IEDC/IECB is notified in person or in writing with a **"Dance Studio Withdrawal Form"** Can be found at www.DanceIE.com. Please return this completed form to our studio office upon completion, thank you.