

Step Above Most Dance Center

Credit Card form for 2017/2018 Dance Season

Student's Name: _____

Cardholder's Name(s): _____

Address: _____

Phone: () _____

Credit Card Information-

Number: _____

Exp: _____ **Type (Circle One):** MC VISA AMEX DIS

Release: I _____ agree to allow Step Above Most to charge my credit card for tuition cost each month. I understand that my credit card will be charged on the first of the month, every month from now until June 2018 unless the school has received a written withdrawal.

Cardholder's Signature: _____ **Date:** _____

Monthly Tuition Cost:

September \$ _____
October \$ _____
November \$ _____
December \$ _____
January \$ _____

February \$ _____
March \$ _____
April \$ _____
May \$ _____
June \$ _____