



ASPIRATIONS DANCE COMPANY
CREDIT CARD AUTHORIZATION FORM

350 S. Main St, Lombard, IL
Call or Text 224-231-9157

Please complete this authorization form and return to us.
All information will remain confidential

Cardhold Information

Cardholder Name: _____

Billing Address: _____

City, State, Zip: _____

Credit Card Information

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card Number _____

Expiration Date (MM/YY): _____ CVV (3 or 4 digits): _____

Amount to Charge Each Month: \$_____

Payment Authorization

I, _____ authorize Aspirations Dance Company to automatically charge my card for monthly tuition in the amount listed above. I understand this charge will occur each month on or around the 1st of the month until a Drop Form is submitted at least 10 days prior to the 1st of the month I wish to withdraw. Payments received after the 5th of the month are considered late, and a \$25 late fee will be automatically applied to my account.

Cardholder Print Name, Sign and Date Below:

Print Name: _____

Signature: _____ Date (MM/DD/YY): _____

Dancer Name(s): _____