

NORTHERN PLAINS DANCE

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential.

Section I: Card Information

Name on Card: _____

Billing Address: _____

Use card on file Use card listed below

Credit Card Number: _____

Expiration Date: ____/____/____ Verification Code: _____

Section II: Charge Authorization

I authorize _____ to charge \$_____ per day/week
(select one) to the credit card provided herein. I agree to pay for this purchase in accordance with the
issuing bank cardholder agreement. Please contact me prior for any charges over \$_____.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

For Staff Use Only

Received by: _____ Date received: _____ Database: _____ QB: _____