



Credit Card Authorization Form

The undersigned Cardholder agrees to the credit card charges as stated below for this credit card transaction. Please contact the Millennium office should you have any questions. Tel: 863-413-1655;

FAX: 267-295-8387; E-Mail m2danceinfo@gmail.com; Website www.m2dance.com

Payment Options:

Payments received by May 20, 2024 qualify for Early Bird Pricing. After that date Regular Pricing will apply. We will accept Studio Checks until June 1, 2024. Make checks payable to Millennium Dancesport. After that date we will only accept certified checks, bank drafts, or cash. We will accept credit cards for deposits and ticket purchases. A 4% service charge will be added to all credit card charges.

Type: _____ Credit Card Number: _____

Expiration Date: _____ 3 or 4 Digit Security code: _____

Amt to Charge: \$ _____ + 4% Service Fee _____ = _____

Name on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Authorization # _____