

## **Credit Card Authorization Form**

Please complete and sign this form to authorize the Fantasy Ball (DBA Dance Dynamite Inc) to make a one-time charge to the credit card provided herein.

| Please  | <u>PRINT</u> All            | Information Completely                              | y & Clearly | !!!               |           |
|---|-----------------------------|---|-------------|-------------------|-----------|
| Cardholder Name   |                             |   |             |                   |           |
| Billing Address   |                             |   |             |                   |           |
|   |                             |   |             |                   |           |
| Billing Zip Code  |                             |   |             |                   |           |
| Telephone Number  |                             |   |             |                   |           |
| Credit Card Type  | Visa                        | Mastercard  | _Discover   | AMEX              |           |
| Credit Card Number  |                             |   |             |                   |           |
| Expiration Date   |                             | Security Co   | de*         |                   |           |
| * Last 3 digits on back of Vis  | sa/MC/Disc                  | cover cards or 4 digits o                           | on front of | AMEX cards        |           |
| By signing th   |                             | u give us permission to<br>amount indicated belo    | •           | account           |           |
|   | +                           |   | =           |                   |           |
| Subtotal  |                             | 4% Convenience Fe                                   | ee          | Total             |           |
| I authorize the above named busines<br>the terms outlined above. This paym<br>authorized user of this credit card an<br>the transaction corresponds to the te | ient authoi<br>d that I wil | rization is for the amou<br>I not dispute the payme | nt indicate | d. I certify that | : I am an |
| Signature   |                             |   |             | Date              |           |

Please send completed entry form, signed waiver, accounting form & payment via check/money order (payable to Fantasy Ball LLC) or credit card authorization to: Fantasy Ball, c/o Garry Gekhman, 3409 Silver Maple Place, Falls Church, VA, 22042. Telephone (732) 309-6352. FAX (703) 957-2911. Email info@fantasyball-dancesport.com. Entries will not be processed without payment in full. Please see Rules & Regulations for cancellation and refund policies.