

CREDIT CARD AUTHORIZATION FORM

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

Paying for:					
Cardholder Name:_					
Billing address:					
State:	ate:Zip:				
Credit Card Type:	Visa	MasterCard	Discover	Amex	
Credit Card Numbe	r:				
Expiration Date:		CardID (3digits	- back or 4 dig	its - front):	
Amount: \$		(USD)			
card provided above	e. I agree t	hat I will pay for thi	s purchase in a	sted above to my credit accordance with the rint your name, and date	
Signature:					
Name:				Date:	

A 4% service charge will be added to all credit card purchases.

Scan and E-Mail the completed form to:

BBxLena@gmail.com

Questions? Feel free to call us at (323) 451 2527 (Google Voice)

Fabulous Dance World Festival
Website: www.babettebrown.com/fabulous-dance-world-festival
Email: BBxLena@gmail.com