Austin's Dance Elite and Gravity Dance Company
Required Automatic Credit Card Billing Authorization Form
(PLEASE PRINT NEATLY)

Parents must fill out a NEW ADE/GDC Credit Card Authorization Form to be kept on file for every ADE/GDC member. This is to ensure that student's accounts stay current. Credit cards will automatically be charged for any fees that parents are responsible for accordingly. *If you do not wish for your credit card to be run on a specific due date, be sure to drop off another form of payment to the front office prior to any given due date or deadline.*

Simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. *Please inform the office immediately if your credit card is stolen, lost or expiries in order to avoid any late fees*. Accounts with cards that expire or decline will be subject to a $10 late fee if card information is not updated and/or payment is not received by the 7th of the month. Alisa's Dance Academy accepts the following credit cards: Visa, MasterCard, and Discover

Please fill in name(s) and check all that apply.

Student Name(s)	Monthly Tuition (On 1st of each month)	Performance Fee $50 per student/$80 per family 2/15/11	Bi-Annual Fee ADE/GDC Membership Fees $125 on 8/15/10 & 1/15/11	Costumes $70 per costume on 9/15/10
	❍ $	❍ $	❍ $	❍ $
	❍ $	❍ $	❍ $	❍ $
	❍ $	❍ $	❍ $	❍ $

- **Additional Things to be charged:** ❍Competition/National Fees ❍Convention Fees ❍FOCUS ❍Choreography Camp ❍Platinum Ball ❍Nutcracker Fees ❍Other_____
- **Credit Card Information:** ☐ **Visa** ☐ **MasterCard** ☐ **Discover**
- **Credit Card Number:**

  ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
- **Expiration Date:** _____/_____
- **Cardholder's Name:(As printed on credit card)** _____ **Credit Card Billing Zip Code:** _____
- **Home Phone #:** _____-_____-_____ **Cell Phone #:** _____-_____-_____
- **Card Holder Signature:** ☒ _____ **Today's Date:** _____/_____/_____

FOR OFFICE USE ONLY:

Start Billing on: _____/_____/_____ **End Billing when:** ❍ **Contract Expires:** _____/_____/_____ ❍ **Customer provides written cancellation**

❍**QB AB** ❍**QB MEM** ❍**REG**

Studio Office Phone #: LW (512)-266-7979 or WL (512) 327-2150 Fax #: LW (512)-266-8989 or WL (512) 327-2806

Email: LW adalakeway@gmail.com or WL alisasdanceacademy@gmail.com