



## Credit Card Authorization

Card Holder Name: \_\_\_\_\_

Contact Name  
(If Different from Cardholder): \_\_\_\_\_

Studio Name: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_

Credit Card Type:      Mastercard      Visa      AMEX      Discover

Credit Card Number: \_\_\_\_\_

CC Expiration Date (MM/YY): \_\_\_\_\_      CCV: \_\_\_\_\_

Zip Code from Billing Address: \_\_\_\_\_

Amount of Entries/Packages/Tickets: \_\_\_\_\_

4% Administrative Fee: \_\_\_\_\_

Total Amount Charged to Card: \_\_\_\_\_

*I, the undersigned cardholder, hereby authorize my credit card (listed above) to be used as the method of payment for all charges for the Kings Ball.*

Authorized Signature: \_\_\_\_\_

Mail Entries & Payments to 1000 Schindler Dr., Apt 304, South Amboy, NJ 08879

Phone: 443-838-1024 | Fax: 415-795-4333

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