



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 10020 Anthony Michael Cir, Bonita Springs, FL 34135

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

WWW.KINGSBALL.NET | KINGSBALLDANCE@GMAIL.COM