



## Credit Card Authorization Form 2018-19

Please fill and print out this authorization form. All information will remain confidential. Business/Corporate/Gift cards will NOT be accepted for payments and monthly billing. **Declined/Expired credit cards will incur an additional charge of \$25 per month.**

Cardholder Name \_\_\_\_\_

Visa                       American Express                       Discover                       Mastercard

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

Exp Date (MM/YY) \_\_\_\_\_ CVV Number(last 3 digits on back) \_\_\_\_\_

Billing zipcode \_\_\_\_\_ Cardholder's email \_\_\_\_\_

I authorize 'Samskriti Foundation/Shoba Natarajan', to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

I also authorize Samskriti Foundation/Shoba Natarajan to charge my credit card for any additional expenses like: private/special classes, workshops/camps/summer program fees, educational materials, Costume & Dance Jewelry purchase/rental as/when required.

I understand that it is my responsibility to ensure that my credit card details are current and up to date in order to avoid incurring a late fee.

I understand that my card will be charged on a monthly basis during the 9-month academic year (Sept-May) irrespective of vacations and extended absences. It is my responsibility to schedule make-up lessons.

Cardholder's Signature \_\_\_\_\_

Date \_\_\_\_\_

*\* Please sign after printing the form*