



Artistic Director: "Miss Devon" Copeland

Phone: 705-252-2920

Credit Card Authorization

Parents' Name: _____

Student Name(s): _____

Card Type: _____

Card #: _____

Exp. Date: _____ CID# (3-4 digit security code): _____

Cardholder Name: _____

My signature below authorizes *Essa Dance Arts* to charge the above Credit Card for all merchandise purchased from this day forward. I will notify *Essa Dance Arts* in writing when to discontinue use of card.

Print Authorized Cardholder's Name:

Authorized Cardholder's Signature:
