



JOURNEY DANCESPORT Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa MC AmEx Discover

Other _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Email _____

Order/Invoice **Journey DanceSport**
(Entry Fees, Tickets, etc) _____

Item(s) Purchased _____

Amount to be Charged \$ _____

By signing this form, you authorize JOURNEY DANCESPORT
to charge your card for the amount listed above plus a 5% credit card service fee.
Your credit card statement will reflect payment from JAC M Productions- Journey Dancesport

Signed: _____ Date: _____

PRINT _____

Please email for confirmation if you do not hear from us.



PLEASE EMAIL SIGNED COPY TO:
audancesport@gmail.com
Text: (951) 850-5318