

# Cave Creek Dance Academy

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## CREDIT CARD FORM

4532 E Lone Mountain Rd, Suite 205  
Cave Creek, AZ. 85331  
Phone: 480-575-1253  
Email: [cavecreekdance@hotmail.com](mailto:cavecreekdance@hotmail.com)

Student(s) Name \_\_\_\_\_

Class Day and Time \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

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

Billing Address \_\_\_\_\_

\_\_\_\_\_

Type of Card: Circle One- Visa MC AMEX

CC Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Amount to be Billed Monthly \_\_\_\_\_

I, \_\_\_\_\_, grant permission to Cave Creek Dance Academy to charge my credit card on the first of each month for dance tuition and any ordered apparel. I understand that I must notify the Director in writing one month prior to canceling this service.

\_\_\_\_\_  
Signature