

# *Indianapolis Open Credit Card Authorization Form*

STUDIO NAME \_\_\_\_\_

**If paying by Credit Card ( VISA or MasterCard ) :** 4% Processing fee will be added to all payments by Credit Card

Name \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. \_\_\_\_\_

3-Digit code \_\_\_\_\_

Zip code \_\_\_\_\_

Amount \$ \_\_\_\_\_

I, \_\_\_\_\_, the authorized cardholder, hereby authorize Indianapolis Open DanceSport to charge my credit card above for agreed upon purchases.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**If paying by check:** Please make Cashier's checks or Money Orders payable to: ILO

Mail to: Indianapolis Open DanceSport c/o Kristiina Ilo 9878 Summerlakes Drive, Carmel, IN. 46032

**If paying by ZELLE:** IndianapolisOpenDanceSport@comcast.net