



**Send to:**

LTaylor@Synergy-Dance.com

500 S Main Street  
Plymouth, MI 48170

734-207-7808

www.synergy-dance.com

Family Name:

Date Range of Charges:

Day of Week: 1<sup>st</sup> of each month

Charge Amount:

NAME ON CREDIT CARD	
CREDIT CARD NUMBER	CREDIT CARD TYPE
	VISA      MC      AMEX      OTHER _____
CVV NUMBER (3-4 DIGIT SECURITY CODE)	BILLING ADDRESS
EXPIRATION DATE (MM/YYYY)	
ADDITIONAL NOTES – Please include your email address and phone number below	

I authorize Synergy Dance Academy to use this card to charge monthly dance tuition and/or costumes as stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date