

**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 Number \_\_\_\_\_

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 4% credit card  
service fee.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT \_\_\_\_\_



PLEASE FAX SIGNED COPY TO:  
FAX: 951-750-5096  
EMAIL: Entries@JacmProductions.com