

MIP® - MOVEMENT INVENTION PROJECT® 2019

FRANCESCA HARPER – MIP® ARTISTIC DIRECTOR

MIP2® - MOVEMENT INVENTION PROJECT2® 2019

NANCY TURANO – MIP2® PROGRAM DIRECTOR

Credit Card Payment Authorization Form

You authorize a one time charge to your Visa, MasterCard, American Express or Discover card.

Please complete the information below:

I _____ authorize New Jersey Dance Theater Ensemble, Inc to charge my credit card indicated below for a one time Audition Fee charge of **USD\$30.00**.

Dancer's Name:

Audition Location: ___NYC-Gibney, ___UNCOSA, ___Pittsburgh, ___NY-Purchase ___Video

Account Type: Visa MasterCard AMEX Discover

Cardholder Name (as it appears on the card) _____

Account Number _____

Expiration Date _____ Security Code _____

Billing Address

Street: _____

Phone# _____

City, State, Zip _____

Email _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.