

2024 MIP2® MOVEMENT INVENTION PROJECT2®

NANCY TURANO – MIP2® PROGRAM DIRECTOR

Credit Card Payment Authorization Form – Audition Fee

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

Please complete the information. Dancer's Name:

I _____ authorize New Jersey Dance Theatre Ensemble, Inc to charge my credit card for a one-time Audition Fee indicated below.

Total Payment Fee: \$35

**No Debit Cards are accepted*

Account Type:	<input type="radio"/> Visa	<input type="radio"/> MasterCard	<input type="radio"/> AMEX	<input type="radio"/> 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. I understand that **no refunds are possible**, as we must turn other dancers away. Please be sure you are committed to joining us.