

Banner Advertising Credit Card Authorization

For (Full Name of Business) _____

1 month \$300 _____ 3 months \$800 _____ 6 months \$1,350 _____ 1 year \$2,400 _____

Date: _____

Cardholders Full Name: _____

Cardholder's Billing
Address _____

City _____

State _____ Postal Code _____ Country _____

Cardholders Telephone Number: _____

Credit Card Number: _____

Type: _____ Expiration Date: _____

Dollar Amount to Be Charged: \$ _____

I hereby authorize the use of the above credit card for the amount stated as evidenced by my signature below and have read and understand the above referenced information.

(Customer Signature)

Fax Credit Card Authorization to: 702-256-4227

Or mail to: Dance Vision

9081 West Sahara Avenue, Suite 100

Las Vegas, Nevada 89117