



## CREDIT CARD AUTHORIZATION FORM

Please complete ALL cardholder areas below and submit the signed and dated form to the FAX number listed below!

**All blanks MUST be completed. Otherwise, the form will be rejected and late fees apply!**

This form MUST be received at least 72 hours PRIOR to payment due date listed in your Tour Information Sheet!

### PASSENGER INFORMATION: List all passengers whose balance this charge will apply towards!

NAME OF PASSENGER:	_____
ADDITIONAL PASSENGER:	_____
ADDITIONAL PASSENGER:	_____
ADDITIONAL PASSENGER:	_____
EVENT DESTINATION:	_____
DATE OF TOUR:	_____

### CREDIT CARD INFORMATION: This information to be completed by the cardholder!

NAME AS IT APPEARS ON CREDIT CARD:	_____		
CARDHOLDER BILLING ADDRESS:	_____		
CARD HOLDER HOME PHONE:	_____		
CARD HOLDER CELL PHONE:	_____		
CREDIT CARD TYPE: <i>Please circle one:</i>	VISA	MasterCard	Discover
CREDIT CARD NUMBER	_____	_____	_____
CREDIT CARD EXPIRATION DATE:	_____	3 DIGIT CODE (Back of card)	_____
PAYMENT AMOUNT THIS TRANSACTION:	\$ _____	Add 8.25% Sales Tax	= \$ _____
		Add \$10.00 processing fee	= \$ _____
		<small>*The processing fee is charged by CC vendor for all manually entered transactions.</small>	
		TOTAL AMOUNT TO CHARGE	= \$ _____

### CHARGE AUTHORIZATION:

NAME AS IT APPEARS ON CREDIT CARD:	_____
<small>By signing below, you authorize HTEDance and/or HTEDance ON TOUR! To immediately charge the amount listed above. You further agree that should this amount be declined, you will still uphold the payment schedule and any late fees that would then apply to the unpaid balance. Also, by signing you further understand that any charge-backs from your credit card company to our merchant vendor account would result in an additional \$50.00 penalty plus any late fees that may have resulted in the pending charge being denied! Finally, by your signature below, that all balances MUST be satisfied no later than 60 days prior to your tour. After that, your space may be cancelled if event cost is not paid IN FULL within 10 days of credit card denial or chargeback! Balances then are due in full in the form of money order or cashiers check and must be sent overnight to our San Antonio office.</small>	
CARDHOLDER SIGNATURE:	_____
DATE OF SIGNATURE:	_____

For Office Use Only:

Authorized Amount:\$ _____	Approval: _____	Date: _____
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