COA Cheer & Dance

3699 Paragon Drive, Columbus, Ohio 43228
Phone: 1-800-252-4337 Fax: 614-921-2079 www.COAcheeranddance.com

Credit Card Payment Authorization Form

ALL AREAS MUST BE COMPLETED

Please attach this form to your registration form or order.

Team Name:	
Event/Camp Name:	

I, _____
(CARDHOLDER'S NAME - PRINTED)

authorize COA LLC. to charge my (check one): ☐ Credit Card ☐ Debit/Check Card (Per Day Limit $_____)

Visa, MasterCard, or Discover Card Number: ____ - ____ - ____ - ____ **Card Verification Number (CVN)** ____

American Express Card Number: ____ - ____ - ____ **Card Verification Number (CVN)** ____

Expiration Date: ____ / ____ **In the Amount of $** _____

Cardholder's Signature: _____ Date: _____

By signing, I agree to pay the amount shown above according to the card issuer agreement. I further acknowledge I have read, understand, and will abide by COA's registration and cancellation policies and that NO REFUNDS will be given once my credit card has been processed. A 3% administrative fee will be added to all registration and hotel fees. This fee will be waived if using cash, check, or money order. I understand that by signing this form, the 3% administrative fee will be included in my total and may show as a separate charge on my cardholder statement.

Cardholder's Billing Address: _____
(Must include zip code)

_____

Cardholder's Home Phone: ___ - ___ - ____

Cardholder's Day Phone: ___ - ___ - ____

COA OFFICE USE ONLY

Card Type: _____ Date: _____ Initials: _____ Approval Code: _____

Amount of Purchase: _____ 3% Fee Amount: _____ Grand Total: _____

Multiple cards must use separate forms. Duplicate as necessary.