



# Brian P. Sexton School of Irish Dancing, Inc.

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## Credit Card Authorization

(Please Print All Information)

I, \_\_\_\_\_ authorize the Brian Sexton School of Irish Dancing to charge my Master Card / VISA / Discover (please circle) Card for the following amount: \$ \_\_\_\_\_ which is the monthly payment for the annual fee for Irish Dancing Lessons.

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

CCV Number(Last three Digits on rear of the Card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

By Checking this box, I also authorize Brian Sexton School of Irish Dancing to charge my account on a monthly basis till the next June.

\_\_\_\_\_  
Signature (Name as it appears on Card)

\_\_\_\_\_  
Date

Please attach a photocopy of the front and back of your credit card.

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