Credit Card Authorization Form

Card Holder Name: _____

Contact Name if different from card holder: _____

Studio Name: _____

Contact Telephone #: _____

Credit Card Type: Mastercard Visa AMEX Discover

Credit Card Number: _____

CC Expiration Date (MM/YY): _____ CVV: _____

Zip Code from Billing Address: _____

Amount of Entries/Packages/Tickets: _____

4% Administration Fee: _____

Total Amount Charged to Card: _____

I, the undersigned cardholder, hereby authorize my credit card (listed above) to be used as the method of payment for all charges for the American Star Ball.

Authorized Signature: _____

Submit Entries & Payments to:

American Star Ball – 421 E. Lancaster Ave, Apt #A8, Wayne, PA

AmericanStarBall@gmail.com