



Pabon Productions, LLC  
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# CREDIT CARD AUTHORIZATION FORM

*Please Print Out and Complete this Authorization and Return to us.  
All Information will remain Confidential.*

Cardholder Name: \_\_\_\_\_

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

\_\_\_\_\_

Credit Card Type:  Visa  Mastercard  Discover  AMEX

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

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

Card Identification Number: \_\_\_\_\_ (Last 3 digits on the back or for AMEX 4 digits on front)

Amount to Charge: \$ \_\_\_\_\_ (USD)

4% Admin Fee: \$ \_\_\_\_\_ (USD)

TOTAL DUE \$ \_\_\_\_\_ (USD)

I authorize Pabon Productions LLC to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this in accordance with the issuing bank cardholder agreement.

**Cardholder – Print Name, Sign and Date below:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_