



Pabon Productions, LLC
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443-618-8388/240-535-2669 Fax 301-476-0160
Email: padancesportchallenge@gmail.com

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: _____