

# Credit Card/Debit Card Application

The Citadel Dance & Music Center 204 Water St Benton Harbor, MI 49022  
Phone 269-925-1099 Fax 269-925-1199

Cardholder Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Phone Nos(Primary) \_\_\_\_\_ Alternate) \_\_\_\_\_ (Email) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Guardian/Mother's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Guardian/Father's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Members – Name, Sex(M/F), Birthdate

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**Class Selection:**

**Teacher:**

\_\_\_\_\_  
\_\_\_\_\_

## Method of Payment:

No cash via mail. Check or Money Order (Make Payable to The Citadel Dance & Music Center)

Please charge my: \_\_\_\_ Debit \_\_\_\_ Credit **(Please make sure you mark Credit or Debit)**

- Master Card
- Visa
- Discover Card

\_\_\_\_\_ 3 digit code from back signature panel

- Monthly From: \_\_\_\_\_ to \_\_\_\_\_
- One Time Date: \_\_\_\_\_

Exp Date (Month/Year) \_\_\_\_\_ Account Number \_\_\_\_\_

Signature of Card Holder (required) \_\_\_\_\_

Permission given by phone/email \_\_\_\_\_ Date \_\_\_\_\_