

Form

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**Credit Card Submittal form**

Studio Name : \_\_\_\_\_

**Total \$**

**Add: 4% Admin Fee:**

**Please charge this Total Amount \$:**

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

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Visa and Mastercard only**

CVV: \_\_\_\_\_ Visa:  Mastercard:

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

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

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

City: \_\_\_\_\_

County: \_\_\_\_\_

State/Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Notes:

**3) Mail To:**

**Ballroom Beach Bash  
8355 Station Village Ln. Unit 4320  
San Diego  
CA 92108**

*(See Cancellations/Refund Policy section  
Rules and Regulations sheet)*