

# Makamae Melia O' Polynesia

## Credit Card Authorization Form

Please select payment for one of the following:

- Class Dues                       Entertainment (Performances)
- Workshops                       MMOP Sponsored Special Events (ex. Crab Feeds, Luaus)
- 

This is to authorize **Makamae Melia O' Polynesia** to charge my credit card:  
Please Print the name **exactly** as it appears on the card:

Company name (if applicable): \_\_\_\_\_

Name on card: \_\_\_\_\_

Phone #: \_\_\_\_\_

Billing address: \_\_\_\_\_

**BILLING ZIP CODE:** \_\_\_\_\_

CC Type:     VISA             MasterCard

Card #: \_\_\_\_\_

The amount of: \$ \_\_\_\_\_ + \$1.00 convenience fee = \$ \_\_\_\_\_

The expiration date of the card is: \_\_\_\_\_

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

**Fax this signed form to: 800-528-7659**



**Makamae Melia O' Polynesia – Studio of Dance**  
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