

BROADWAY BREAK THRU®

Workshops@broadwaybreakthru.com
www.BroadwayBreakThru.com

Broadway Break Thru Credit Card Payment Authorization Form

Sign and complete this form to authorize Broadway Break Thru LLC to make four equal debits to your credit or debit card listed below. Monthly payments will be deducted on the date the payment plan is established.

By signing this form, you permit us to debit your account for the amount indicated on the stated date. This completed form permits four transactions only and does not provide authorization for any additional unrelated debits or credits to your account.

All payments must be received no later than May 1, 2018.

Please download and complete this form and email the completed form to workshops@broadwaybreakthru.com or call (917) 686-6367 to provide your payment information.

Please complete the information below:

I _____ authorize Broadway Break Thru® LLC to charge my credit card
(full name)
account four times in the amount of _____ on _____.
(amount) (date)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ CVC _____

SIGNATURE _____ DATE _____

I authorize the Broadway Break Thru® LLC business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.