



#1 Cimarron Park Bay
 Okotoks, AB T1S 2E6
 Phone (403) 938-2700
 okotoksmusic@shaw.ca

Authorization for Credit Card Use

THIS FORM MUST BE SIGNED BY THE CARD HOLDER

All information will remain confidential

Name on Card: _____ Student Name: _____

Billing Address _____

Credit Card Type: _____ Visa _____ MasterCard

Credit Card Number: _____

Expiration Date: ____ / ____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

I authorize Music Central to charge the following amounts from the above credit card (fill in as applicable).
 I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

 Customer Signature Date

Admin Use Only:

Lessons – a monthly amount, as listed below, which will be **charged on the first of each month** commencing on _____ and the aggregate amount of such charges does not exceed \$ _____

Month	Monthly \$	Initials	Month	Monthly \$	Initials
September			March		
October			April		
November			May		
December			June		
January			July		
February			August		