



#200, 20 Crystalridge Drive, Okotoks, AB T1S 2C3,

(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: _____

Phone number: _____

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: Lesson Fee will be charged on the first of each month commencing on _____ and the aggregate amount of such charges does not exceed \$ _____.

Month	Fee	Initial	Month	Fee	Initial
September			March		
October			April		
November			May		
December			June		
January			July		
February			August		