

CREDIT CARD AUTHORIZATION FORM

Instrumental Music for Children, Inc.

*P.O. Box 1934, Benicia, CA 94510
ryan@imcmusiclessons.com
www.imcmusiclessons.com
fax: (707) 750-5561
phone: (925) 648-0524*

Please complete this authorization form and return via e-mail, mail or fax.

Student Name(s) _____

Credit Card Type: **VISA** **MASTERCARD** **DISCOVER** **AMEX**

Name on Credit Card _____

Billing Address for Card _____

Credit Card Number _____

Card Security Code _____ **Exp. Date** _____

By signing below I acknowledge that:

- ✓ I give permission for Instrumental Music for Children, Inc. to automatically charge the above card for music lessons tuition, supplies and instrument rental fees (as applicable).
- ✓ My card will be charged on or around the 1st of the month and in accordance with the tuition payment schedule as described in the Instrumental Music Lessons Registration and Agreement.

Signature _____ **Date** _____