

Coral Glades High School Music Association

CREDIT CARD AUTHORIZATION FORM

Card Owner / Billing Information

Student Information

| | |
|----------------------|----------------|
| Name | First Name |
| Address 1 | Last Name |
| Address 2 | Address 1 |
| Address 3 | Address 2 |
| City/State/Zip | City/State/Zip |
| Phone: (Work) (Home) | Phone |
| Email Address | Email |

Please charge my (check one)

| |
|--------------------------------------|
| <input type="checkbox"/> Master Card |
| <input type="checkbox"/> Visa |
| <input type="checkbox"/> Discover |

| <i>Card Number</i> | <i>Security Code*</i> | <i>Exp. Date</i> | <i>Amount Charged</i> |
|--------------------|-----------------------|------------------|-----------------------|
| | | | \$ |

* Visa/MC security code is the last three digits on back of card, in the signature panel.

Comments/Special Instructions (if any)

| |
|--|
| |
|--|

******* Please include a copy of both sides of your driver's license and credit card *******

I authorize the Coral Glades High School Music Association to charge the above referenced account for the amount indicated.

Signature

Date

*Note - Minimum charge amount = \$75.00

Coral Glades High School Music Association
1440 Coral Ridge Drive #107 Coral Springs, FL 33071
www.cghsmusic.org