



# Musical Chairs Credit Authorization

## Contact information

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Email \_\_\_\_\_

## Card information

Type of Card  Mastercard  Visa  Discover \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration \_\_\_\_\_ CVV Code \_\_\_\_\_

Date to process each month  10th  20th  30th \_\_\_\_\_

One-time payment amount \_\_\_\_\_

Electronic Signature \_\_\_\_\_

Date \_\_\_\_\_

One-time payment: any previous amounts due will be charged upon receipt unless otherwise noted. If you wish us to charge any previous amounts due by installment, please contact [Manager@MusicalChairsStudio.com](mailto:Manager@MusicalChairsStudio.com) to arrange a plan.

Having signed this form, I authorize Musical Chairs Studio Inc. to charge the card above for music lessons on a monthly schedule. I understand that all attendance and billing information will be recorded on my personal website at [www.StudioHelper.com](http://www.StudioHelper.com) and is accessible to me for review. Music Chairs will charge an annual fee of \$35 to cover credit card service charges each September for the previous year.

This form should be returned by email to [Manager@MusicalChairsStudio.com](mailto:Manager@MusicalChairsStudio.com) or can be dropped off in the student tuition folder at 2124 W. Lawrence Ave studio location.