

# Muslim Academy of Greater Orlando

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*Virtue, Strength, Wisdom*

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## CREDIT CARD AUTHORIZATION FORM

Date: \_\_\_\_\_

I \_\_\_\_\_ hereby authorize Muslim Academy of Greater Orlando to charge my credit card

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

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

(As it appears on card)

CREDIT CARD TYPE: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

CARD CV #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

DO NOT WRITE BELOW for COMPANY USE ONLY.

NOTES:

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