

Muslim Academy of Greater Orlando

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Virtue, Strength, Wisdom

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CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT AND COMPLETE THIS AUTHORIZATION FORM AND RETURN TO MAGO.

CREDIT CARD HOLDER

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

BILLING INFORMATION

STREET: _____

CITY: _____

STATE: _____

ZIP CODE: _____

CREDIT CARD INFORMATION

CARD NUMBER: _____

EXPIRATION DATE: _____

CVV SECURITY CODE: _____

I, _____, hereby authorize The Muslim Academy of Greater Orlando, Inc. to charge the amount indicated herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Student/s: _____

I authorized Muslim Academy of Greater Orlando, Inc. to charge a 3% credit card convenience fee.

_____ Initial

Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____
Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____
Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____	Date: _____ Fee: _____ Total: _____

Card Holder Name (print): _____

Card Holder Signature: _____ Date: _____

PLEASE NOTE: YOU MUST PRESENT THE CARD AND A PICTURE IDENTIFICATION (GOVERNMENT ISSUED PHOTO IDENTIFICATION).