



CREDIT CARD AUTHORIZATION FORM

Student Name: _____ Date: _____

I authorize Musicians Institute to charge my credit card in the amount of \$ _____

Type of Payment:

Application Fee _____ Tuition Deposit/Payment _____

Equipment/Software Fee _____ Materials Fee (Books/Supplies) _____

Duration of Payment:

One Time Only/Current Quarter _____ Every Quarter _____

Credit Card Information:

Visa _____ MasterCard _____ Discover _____ American Express _____

Account Number: _____

Expiration Date: _____

CVV Number: _____
(Last three digits on back of card /American Express - four digits located on front)

Card Holder's Name: _____

Billing Address: _____

Phone Number: _____

Card Holder's Signature: _____

Musicians Institute
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