

APOSTOLIC PRAISE CREDIT CARD AUTHORIZATION FORM

Date _____

Products Desired:

Student Name _____ Phone # () _____

Email Address _____

Shipping Address (if applicable) _____

Type of Payment (check, cash, money order, credit card) _____

ONLY FILL OUT THIS INFO IF PAYING BY CREDIT CARD:

Credit Card: (Visa - Master card - American Express - Discover or Other) _____

Name on Card _____

Billing Address of Credit Card _____

Debit/Credit Card # _____

Expiration _____ Security Code _____

I, _____ authorize *Apostolic Praise School of Music* , to make the following charges to my debit/credit card account for the products/services above.

Amount to be charged \$ _____

Email to apostolicPSOM@gmail.com

or Mail to

Richard W. Smith

Apostolic Praise School of Music

650-877-2473

61 White Street, Hoschton, GA 30548