



## CREDIT CARD AUTHORIZATION FORM

In lieu of my credit card imprint, I \_\_\_\_\_ hereby authorize **Don Wolf (Ultimate Vocal)**, to make charges in the amount of \$ \_\_\_\_\_ to my Credit Card.

**Charges are based on either a payment in full or on a per session/per month basis and will be adjusted accordingly.**

**I fully understand the payment is non-refundable.**

Client's Full Name: \_\_\_\_\_

Parent's Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Credit card Type: Visa \_\_\_\_\_ MasterCard \_\_ (Only Visa and MasterCard are accepted)

Credit card Number: \_\_\_\_\_

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

CSV: \_\_\_\_\_

Cardholder's Name (as it appears on credit card):

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Card Holder's Billing Address (where credit card statements are sent):

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Cardholder's Signature: \_\_\_\_\_

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

**Note: Please complete this form and Email to: [yousingtoo@gmail.com](mailto:yousingtoo@gmail.com)**