

CREDIT CARD PAYMENT / AUTHORIZATION FORM

ORDERED BY:

Name: _____

Students Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

E-mail: _____@_____

(E-Mail for Receipt Purposes)

METHOD OF PAYMENT

Credit Card: Visa Master Card Discover

2% processing fee, \$2.00 minimum charge

Name On Card: _____

Card Account Number: _____

Expiration Date: _____

Security Code: _____

(Security Code is the last three numbers on back of card)

Signature: _____

(Signature required for credit card payment)

Etiwanda Instrumental Music Program

Date: _____ Amount: \$ _____.

2% processing fee, \$2.00 minimum charge

PAYMENT FOR

Uniforms Band/Color Guard Opt Out Fund-Raising

Fee#1 Due: July 20th Fee#2 Due: Aug. 10th

Fee#3 Due: Sept. 4th Fee#4 Due: Oct. 2nd

Fee Due: Nov. 6th #5 Other: _____

Credit Card Form can be put in Band Box

Fax To: 909-854-2336 / Pay by Phone; 909-854-2330

Mail To: PO Box 327, Etiwanda CA 91739