



**Credit Card Authorization
MASTERCARD/VISA/DISCOVER ONLY!**

Date: _____ Amount: _____

Purpose: _____

Card #: _____ Exp. Date: _____

Name on Card: _____

Card Billing Address: _____

Phone: _____

Signature: _____

Complete this section if applicable

Student Name: _____

Choir: _____

I authorize JBHS VMA to charge my credit card monthly for payment on my student's account.

Please return this form to:

JBHS VMA
c/o M'Lisa MacLaren
1329 N Niagara St
Burbank CA 91505

John Burroughs High School Vocal Music Association
1920 W Clark Ave. Burbank CA 91506