

**ACADEMIC CHOIR APPAREL / ACADEMIC CAP &  
GOWN**

**Credit Card Authorization Release**

I the undersigned of, \_\_\_\_\_  
( Print your name, your company name or the School  
Name, if this is a purchase by a school)

agree to have my credit card charged at Academic Choir Apparel / Academic  
Cap & Gown. This credit card will be used for the authorized purchases  
as it appears on my order form. I understand that my order will not be  
processed until this has been received by Academic.

**Credit Card Billing Address**  
(NOT YOUR BANK ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Type Of Credit Card**

**V-code: Last 3 numbers on  
the back of your card.**

\_\_\_\_\_

\_\_\_\_\_  
**Credit Card Number**

\_\_\_\_\_  
**Expiration Date**

\_\_\_\_\_  
**Amount To Be Charged**

\_\_\_\_\_  
**Today's Date**

**Please FAX to : (818) 886-8743 or mail to:**

**Academic Choir Apparel &/or Academic Cap & Gown  
20644 Superior Street. Chatsworth, CA 91311**