

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**

Keeper - Graduation Robes Measurement Form

[(This form to be kept by you for gown disbursement after your order arrives)]

Print your School Name with City & State _____

Indicate students outside average size range with an asterisk* and explain on the back of this form eg. Weight, Wheelchair, etc.

Student Name	Height	Weight	Student Name	Height	Weight
1.			21.		
2.			22.		
3.			23.		
4.			24.		
5.			25.		
6.			26.		
7.			27.		
8.			28.		
9.			29.		
10.			30.		
11.			31.		
12.			32.		
13.			33.		
14.			34.		
15.			35.		
16.			36.		
17.			37.		
18.			38.		
19.			39.		
20.			40.		