

RACHEL RAINS VOCAL STUDIO

CREDIT CARD AUTHORIZATION

I, _____, authorize by my signature any and all valid charges made on my credit card by Rachel Rains Vocal Studio, Inc.

Choose one (Please Initial):

_____ I understand my credit card will be billed monthly in advance for services rendered and so authorize said billing as well as additional usage charges as they occur. I understand that charges declined by the credit card issuer will constitute grounds for cancellation of service and that all monthly charges and usage charges incurred will be subject to collection procedures. This authorization will continue until revoked in writing.

_____ I authorize my credit card to be billed for a one-time charge of \$_____. No additional billings are authorized unless I fail to pay for future services in which case the outstanding balance may be billed to the credit card account listed below. I understand that charges declined by the credit card issuer will constitute grounds for cancellation of service and that all monthly charges and usage charges incurred will be subject to collection procedures. This authorization will continue until revoked in writing. Should I decide to continue services on a monthly basis, I authorize monthly billing in advance for services rendered as well as additional usage charges as they occur.

Please complete all the following information. Your account cannot be processed if incomplete.

Credit Card Type: _____ MC _____ VISA (Please mark with an X)

Credit Card Number: _____ **Expiration Date:** _____

Name of Credit Card Holder: _____

(As appears on the card)

Address: _____

City: _____

State: _____

Zip: _____

(As appears on the statement)

Phone: _____

Alternate Phone: _____

Signature of Credit Card Holder

Date

Drivers License #: _____

State: _____

Please mail this completed original form to: **Rachel Rains Vocal Studio, Inc.**
634 Devon Drive, Nashville, TN 37220