

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Zip Code for Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____ - _____ - _____ - _____

4 Digit Expiration Date: _____/____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

I authorize Good Times Guitar to charge the monthly amount due to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Print Name: _____

Date: _____

Return the completed and signed form to the following:

Good Times Guitar
c/o Andy White
3225 Calle Pinon
Santa Barbara, CA 93105

