

MARIACHI ACADEMY OF MUSIC INSTRUMENT RENTAL FORM

Fees Due On	First Month	Monthly Charges
<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th	\$ _____	\$ _____

PERSON RESPONSIBLE FOR PAYMENT

Student(s) _____

Location: Sherman Oaks San Martin/Gwinn Rocketship Fuerza Rocketship Spark South Valley MS

PARENT INFORMATION

Name _____ Phone Number _____

ID No. _____ Type _____

Address _____ City _____ State _____ Zip _____

Email for Auto pay _____ Phone Number _____

PAYMENT INFORMATION

PRIMARY CREDIT CARD					
NAME ON CREDIT CARD					
CREDIT CARD NUMBER					
EXPIRATION DATE		CVV NUMBER		BILLING ZIP CODE	

SECONDARY CREDIT CARD					
NAME ON CREDIT CARD					
CREDIT CARD NUMBER					
EXPIRATION DATE		CVV NUMBER		BILLING ZIP CODE	

Instrument _____ Size _____ Serial Number _____ Academy Serial Number _____

Instrument _____ Size _____ Serial Number _____ Academy Serial Number _____

Instrument _____ Size _____ Serial Number _____ Academy Serial Number _____

Returned: _____ Purchased: _____ Date: _____

ALL LATE PAYMENTS WILL NOT GO TOWARD THE PURCHASE OF THE INSTRUMENT

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above.

I understand that to cancel the recurring monthly credit card charges, I must notify Mariachi Academy of Music.

I understand that for the \$10 to go toward the purchase of the instrument, I must have successful monthly auto-payments.

Any disputes should immediately be reported either in person to mariachiacademy@gmail.com or by calling (408) 914-0856.

BY SIGNING THIS FORM, I AGREE TO MARIACHI ACADEMY'S INSTRUMENT RENTAL TERMS.

Signature _____ Date _____