



BUFFET CRAMPON USA

Summer Clarinet Academy

Credit Card Authorization Form

Please return completed form and payment to:

Buffet Crampon USA

Attn: Magali Tricoche

7255 Salisbury Rd. Suite 4

Jacksonville Fl. 32256

magali.tricoche@buffetcrampon.com

PARTICIPANT INFORMATION:

Name:

Telephone Number:

Email:

CREDIT CARD INFORMATION:

Credit Card #:

Billing Address:

Name on Card:

Expiration Date:

CVV#(3 digits on back of card):

Amount to Charge:

Signature: