

# BERNHARDT HOUSE OF VIOLINS, LLC

## Automatic Credit Card Billing Authorization Form

I, \_\_\_\_\_, hereby authorize Bernhardt House of Violins to charge my credit card for the amounts invoiced on my present Lease Agreement and any future Lease Agreements as my child sizes to larger instruments. If there is a price increase on a full size instrument, my signature on the Lease Agreement shows my knowledge and acceptance of the new rate and gives Bernhardt House of Violins the authority to charge my credit card accordingly.

As the credit card holder, I also authorize Bernhardt House of Violins to update my credit card information after verbal or written notification from me. Those changes include, but are not limited to a new expiration date and/or change in price on my Lease Agreement due to an instrument change or warranty/maintenance being added or subtracted from the Lease Agreement.

I acknowledge that my card will be charged on the 1st of every month for my lease payment. If funds are not available or my card is declined because I did not give updated expiration information I will be charged a \$10.00 NSF fee. \_\_\_\_ (Initial) I also acknowledge that if I cancel my rental agreement on or after the 1st of the month that I will not receive a refund to my credit card.

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that the Lease Agreement may be immediately terminated at Bernhardt House of Violins' discretion if any charges are declined or charge backs are claimed against any outstanding lease amounts.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Bernhardt House of Violins will keep all information entered on this form strictly confidential.

All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

### AUTO PAY INFORMATION

Name on Account _____		Student Name _____	
I authorize Bernhardt House of Violins, LLC to automatically bill the card listed below on the 1st of every month.			
Circle One:	Visa	Mastercard	American Express Discover
Amount: \$ _____	Card Number _____	Expires _____	
Name as it appears on the card _____			
Card billing address _____	City _____	State _____	Zip _____
Email _____	Cell Phone _____	Fax _____	
Signature _____			