



**IN ORDER TO PROCESS YOUR REGISTRATION, THIS FORM MUST BE ACCURATE.**

PLEASE PRINT LEGIBLY OR TYPE:

I, \_\_\_\_\_, here by authorize the following charges:  
PRINT NAME

**TOTAL AMOUNT TO BE CHARGED: \$ \_\_\_\_\_**

**CREDIT CARD INFORMATION**

PLEASE CHECK ONE (JAMZ DOES NOT ACCEPT DISCOVER CARD):  VISA  MASTER CARD  AMERICAN EXPRESS

Name as it appears on Credit Card: \_\_\_\_\_  
PRINT NAME

Please write each digit of the Credit Card Number in the 16 blocks provided below:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Credit Card Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
SIGNATURE OF CARD HOLDER DATE CONTACT NUMBER

**E-CHECK INFORMATION**

I authorize JAMZ to initiate either an electronic debit or to create and process a demand draft against my bank account on or after the date submitted, for the amount of the total charge shown above. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of Unites States Law. **An NSF check will result in an automatic draft on my account for a \$25 NSF fee.** My account information is as follows:

Name as it appears on Check: \_\_\_\_\_

Bank ABA Number (Routing Number):

--	--	--	--	--	--	--	--	--	--

Bank Account Number (Checking Account Number):

--	--	--	--	--	--	--	--	--	--

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
SIGNATURE OF CARD/ACCOUNT HOLDER DATE CONTACT NUMBER

<b>FOR OFFICE USE ONLY</b>					
DR _____	DE _____	MOP _____	IP _____	SM _____	AV _____ AS _____