



315 W. 12th Street P.O. Box 1266 Ada, OK 74821-1266
Phone: 580/436-0838 AdaMusicCenter.com

Payments will be **DRAFTED MONTHLY** from a **CHECKING ACCOUNT** or a **CREDIT CARD**.

Drafts from a **checking account** will require a voided check or debit card.

Drafts from a **credit card** will require buyer's name as card holder.

Buyer's Name _____ **SSN** _____

Buyer's Home Phone # _____ Cell Phone _____

Buyer's Mailing Address _____ Email _____

City, State and Zip _____

Name of Employer _____

Work Phone No. _____ Extension No. _____

Student's Name _____

School _____

Do you want the \$8 Repair/Replacement charge added to your monthly payment? Yes or No

Would you like your payments to be drafted on the 5th or the 20th of each month? _____

OTHER PARENT/SPOUSE INFORMATION	
Name _____	SSN# _____
Employer _____	Cell# _____
Work Phone _____	Extension No. _____
Work Address _____	

1. Name of Nearest Relative NOT living with you _____
Their Address _____
Their Phone No. _____ What relation to you? _____
2. Name of Nearest Relative NOT living with you _____
Their Address _____
Their Phone No. _____ What relation to you? _____

Be sure you receive your care kit (not applicable for drum or bell kits), music book, music stand and name tag along with your instrument.