

Credit Card Authorization

Please print all information clearly.

Date: ___/___/___ Client ID# _____

Your Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone Number(____) _____

Credit Card Type: (Please Circle One) Visa MC AX Discover

Credit Card Account #: _____

Expiration Date: ___/___

Total of Classes/Invoices: \$ _____ . _____

This is to authorize ISTC to pay for safety classes using the credit card listed above. If any price discrepancies occur, your company will be notified by phone the same day of the transaction, and an edited form must be initialed next to any and all changes made in order to be processed.

In order to insure proper credit to your account, please list invoices (if available) or the date of the class(es) that were taken with the name(s) of the student(s) that are being paid for below.

Student Name/Invoice Number

Classes Taken/Class Date

Authorized Signature: _____

(Will not be processed without signature)

Please Fax to (409)724-2671