

CREDIT CARD AUTHORIZATION

Please complete and fax this form to: **817-633-2922**

For Inquires: 800-860-2230

Payment Information

Credit Card: American Express Discover MasterCard VISA

Credit Card #: _____ - _____ - _____ - _____

Expiration Date (Mo/Yr): _____ Card Verification #: _____

Name on Card: _____

Cardholder's Signature: _____

<i>Payment for</i>		ORDER # _____	<i>Amount</i>
<input type="checkbox"/> Tuition	Class:		
	Date:		
	Location:	<input type="checkbox"/> Pennsylvania <input type="checkbox"/> Texas <input type="checkbox"/> California <input type="checkbox"/> Webinar	
	Student:		
<input type="checkbox"/> Lodging			
TOTAL PAYMENT AMOUNT			

Billing Information

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Telephone: _____

E-Mail Address: _____

