



CREDIT CARD AUTHORIZATION FORM

To process your credit card please complete ALL HIGHLIGHTED areas

Card Holder Name: (Please Print) _____

Company Name: (only if it's a company credit card) _____

Card Holder Billing Address:

CITY:

STATE:

ZIP:

Type of Card (Must check ONE box):

VISA

MASTERCARD

DISCOVER

CVV2# _____ (CODE ON BACK OF CARD or in front of the AMEX card)

YOUR PAYMENT CANNOT BE PROCESSED WITHOUT THIS CODE

Card No: _____ Card Exp. Date: _____

TOTAL Amount Authorized to Charge: \$ _____

If payment provided for more than one training event/participant, see below for breakdown.

Breakdown of Charges:

1. Date of Training: _____ Amt of Charge: _____
2. Date of Training: _____ Amt of Charge: _____
3. Date of Training: _____ Amt of Charge: _____

I, _____ hereby authorize CSC Training Academy to charge the above credit card for the authorized amount. I have read and reviewed CSC Training Academy cancellation and deposit policy and agree to the terms as written. I understand that failure to provide three (3) days advance notification of registration cancellation may result in forfeiture of deposit payment(s). Further, no course completion material(s) will be released until ALL account balances have been paid in full.

Card Holders' Signature: _____ Date: _____

Card member acknowledges receipt of goods and or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the card member's agreement with the issuer.

Print Name _____

CSC Training Academy Tel. No 347-200-8888 or Email to:
register@csctrainingacademy@gmail.com