



Privacy Pledge

We honor a "no-sell, no-spam" pledge regarding your confidential information.

Please include an email and/or telephone number where we can reach you **only** in case there is a problem with your order.

No salesperson will call.

Authorization to Invoice
Credit or Debit Card

YOUR NAME AS IT APPEARS ON THE CREDIT OR DEBIT CARD:

Company Name: (if any) _____

First Name: _____ MI _____ Last Name: _____

Card Type: [] AMEX [] VISA [] MASTERCARD Expiration: _____ month _____ year

Card Number: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Date: _____

Training: _____ Amount: _____

Card processing: (yes/no) _____ Quantity: _____ Amount: _____

I hereby authorize ABC Community Training Center, Inc. to charge my credit or debit card for the above items:

Signature

Today's Date