Credit Card Authorization

Please print all information clearly.

Date:___/___/___ Client ID# _____

Your Name: _____

Company: _____

Address:_____

City, State, Zip: _____

Phone Number(____)_____

Credit Card Type: Visa ◯ MC ◯ Amex ◯ Disc ◯

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)

◯ Mail Receipt to above address ◯ Email Receipt to _____

◯ Fax Receipt to _____

Please fill out form and click submit in the top right corner.
If you are unable to submit using the form please save the document
and email it manually to cca@istc.net