

## Credit Card Authorization

Please print all information clearly.

Date: \_\_\_/\_\_\_/\_\_\_                      Client ID# \_\_\_\_\_

Your Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number(\_\_\_\_) \_\_\_\_\_

Visa   MC   Amex   Disc

Credit Card Type:

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**

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**Authorized Signature:** \_\_\_\_\_

(Will not be processed without signature)