

Credit Card Authorization Form

Please fax completed form to 1(800) 524-9917

CONTACT INFORMATION

(In case we have questions and need to call back):

Name: _____ Ph. #: (____) _____ - _____ ext. _____

State: _____ District: _____

School: _____

Confirm with contact how payment receipt should be sent (check one): E-MAIL FAX

E-MAIL: _____

Fax #: (____) _____ - _____

CREDIT CARD INFORMATION

Name on card: _____

Credit Card Type (check one): VISA MC DISCOVER

Card Number: _____ Exp. Date: ____ / ____

Security Code (3 digit # on back of card): ____ - ____ - ____

Transaction Limits – if any (check one):

Single Transaction Limit

Daily Transaction Amount Limit

If so, how much?: _____

REGISTRATION INFORMATION

Event: _____ # of participants: _____

Total amount to be charged on credit card: \$ _____

Other info/Special Requests: _____

AVID Center Use Only	
Date: __ / __ / __	Initials: _____
<input type="checkbox"/>	Attached database printout
<input type="checkbox"/>	Verified amount to be charged on card
<input type="checkbox"/>	Verified transaction restrictions (if any)
** all of these items MUST be completed **	

Questions: Please email us at edtrainings@avidcenter.org
Please fax completed form to: 1(800) 524 - 9917