



CREDIT CARD AUTHORIZATION FORM

This section to be completed by cardholder:

Card Holder Name: (Please Print) _____

Card Holder Billing Address: _____
Street

City State Zip

Send Invoice to: (Complete only if differs from card holder contact information):

Name: _____ Title: _____

Address: _____
Street City State Zip

Type of Card: Discover Visa Master Card AMEX CCV2: _____

Card No: _____ Card Exp. Date: _____

Amount Authorized to Charge: \$ _____
(If payment provided for more than one training event or 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 TSC Training Academy, LLC to charge the above credit card for the authorized amount. I have read and reviewed TSC's 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: _____

FAX: Attn: TSCTA Training Dept. @ 718-389-6155

OR

Mail to: TSC Training Academy (TSC)
36-06 43rd Avenue
Long Island City, NY 11101