



Credit Card Authorization Form

NOTE: One form can be used for multiple registrations

Phone: 718.389.2103

Fax: 718.389.6155

Email: info@tscta.com

Website: www.tscta.com

		CREDIT CARD ON FILE	
<i>Card holder name</i>		<input type="checkbox"/>	CHECK THIS BOX TO AUTHORIZE TSCTA TO SAVE YOUR CREDIT CARD INFO ON FILE FOR ALL FUTURE TRAINING BALANCES ON YOUR ACCOUNT. A CREDIT CARD RECEIPT WILL BE EMAILED TO YOU EACH TIME A CHARGE IS MADE.
<i>Company Name (if applicable)</i>			
<i>Street Address</i>		RELEASE OF MATERIALS	
<i>City</i>	<i>State</i>	<i>Zip</i>	<input type="checkbox"/>
<i>Phone</i>			
<i>Name of person preparing form (if different than card holder)</i>		<input type="checkbox"/>	MAIL COMPLETION MATERIALS TO ADDRESS

BREAKDOWN OF CHARGES				
Date of Training	Course Name	# of Students	Fee Per Student	Total
Total Amount to be charged				

I, _____ hereby authorize TSC Training Academy, LLC to charge the below 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.

CREDIT CARD DETAILS

VISA MASTERCARD AMEX DISCOVER

Card No: _____

Expiration Date: _____

Verification Code: _____

Card Holder's Signature: _____

Date: _____