



USAPR

Please complete the following information to authorize a credit card payment for Training Fees

CREDIT CARD AUTHORIZATION FORM		
Credit Card Number:	Expiration Date:	V# (3 Digits on signature strip)
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Company/Unit Name (if any):		
Cardholder Name:		
Credit card Billing Address:		
City:		
State:	Zip Code	Country
Phone:	Fax:	
Email:		
Candidate Name:		
Authorized payment amount:		
Date to process credit card:		
AUTHORIZED SIGNATURE		
DATE:		