

**Training**  
2534 Vista Dr

**Castle Rock, CO 80104**  
PHONE: (800) 981-4202  
FAX:  
CONTACT: **Training User**



### CREDIT CARD AUTHORIZATION

#### COMPANY DETAILS

Contact Name                    Training  
Phone Number                    (333) 444-5566

#### CARD DETAILS

Credit Card Type \_\_\_\_\_  
Credit Card Number \_\_\_\_\_  
Expires: \_\_\_\_\_  
Name on Card \_\_\_\_\_  
CVV \_\_\_\_\_  
Amount \_\_\_\_\_

Description of Order: Pick-up, Packaging Services and Transportation related services.

**Card Member  
Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

Card member acknowledges shipment of goods in the amount of the total shown on the Universal Shipping Contract or invoice and agrees to perform the obligations set forth in the card member agreement with the issuer.