

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.