



## Credit Card Information Form

The following information is required to process a credit card transaction. Once processed, the form will be shredded and you will receive a receipt via e-mail.

Name as it appears on credit card: \_\_\_\_\_

Billing Address:

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Credit Card (circle one)      AMEX      VISA      MasterCard      Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Security Code: \_\_\_\_\_ Amount to be charged to your card: \_\_\_\_\_

Program/Service you are paying for: \_\_\_\_\_

Name of Registrant (if different from card): \_\_\_\_\_

E-mail address for receipt: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Fax this form to (623) 547-6814 or scan and e-mail to [ed@insurancetrainers.org](mailto:ed@insurancetrainers.org).**