



AUTHORIZATION TO CHARGE YOUR CREDIT CARD

Thank you for your purchase of the computer-based course, "Managing Workplace Conflict."

For your protection and security, it is necessary that you provide your signed authorization for us to charge your credit card.

Please enter the information requested below. Then fax this completed form to 913-338-1113 (alternate fax: 913-432-2889). Your authorization must be received before I can ship your training on CD.

If the name on the credit card is not your name, send authorization from the credit card holder.

Karin Houck, Order Fulfillment
Phone/fax: 913-338-1113, alternate fax: 913-432-2889
E-mail: khouck@mediationworks.com

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Last four digits of your credit card number: _____
Circle the type of card you are using:



Amount of charge authorized: \$ _____ US Dollars (must equal or exceed the amount you approved by phone for product plus shipping). The merchant name on your credit card statement will appear as "MTI International."

Print legibly your name as it appears on your credit card: _____

Your signature: _____

Also provide your phone number and email address, in case information must be verified:

Telephone: _____ Email: _____

Please keep a copy of this form for your records.