



# Credit Card Authorization Form

Apr 2014

## Contractors Safety Council of the Coastal Bend, Inc.

Mailing Address- P.O.Box 23066 Corpus Christi TX. 78403  
Physical Address- 7433 Leopard St. Corpus Christi, Texas 78409  
Phone 361-289-5856 Admin. Fax: 361-289-6557  
Registration Fax: 361-289-5859 www.cscsb.org

Please completely fill out the following information to allow Contractors Safety Council of the Coastal Bend Inc. to apply charges on your credit card. Fax Form for CLASSES to 361-289-5859 and INVOICES to 361-289-6557.

Member  Non-Member

Member Number  Company Name

## Purpose

### Badge or Classes Fax Form to 361-289-5859

Badge – List name and SSN Below

Name:  SSN:

Classes – List Trainees Name and Send Registration Form

Name:

Payment Amount:

- Visa
- Master Card
- Discover
- American Express

## Card Holders Information

Please print clearly  
Note all information as it appears on the credit card

First

Middle

Last

Card Number:

Expiration Date:  Security Code:

Security code is the three digit number noted on back of card. Four digit number on front of American Express

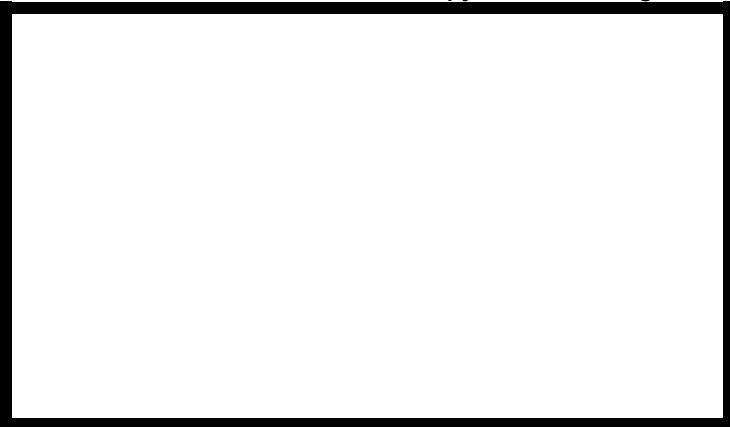
### For Membership or Invoices Fax Form to 361-289-6557

Membership

Invoice

Invoice Number/s

Please Place Credit Card Here and copy before sending



## Credit Card Billing Information

Street/P.O.

City

State  Zip

Phone Number

E-Mail Address

I agree and authorize that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company, or association fails to pay for any portion or the full amount of these charges.

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_