



Credit Card Authorization Form

Credit Card Information

Card Type:

Mastercard

Visa

Discover

AmEx*

Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date: _____ 3-Digit Code: _____ Card Zip Code: _____

Authorization

I, _____, authorize CraneWise Certifications to charge my credit card above for the agreed upon services/purchases. I understand that my information will be saved to file for future transactions on my account.

*AmEx will include a 3% surcharge.

Signature: _____ Date: _____

Company Information

Company Name: _____

Billing Address: _____

Accounts Payable Contact: _____

Accounts Payable Email: _____

Please return completed form to classes@cranewisellc.com or fax to (806) 765-8708.