



CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX: (775) 786-1233 OR BY REGULAR MAIL.

SCHOOL NAME (circle one): SAGE RIDGE OR BROOKFIELD

DATE: ___/___/___

STUDENT NAME: _____

STUDENT GRADE: _____

Cardholder Name (please print): _____

Signature: _____

Address: _____

Credit Card Type:
 ___ VISA ___ MASTERCARD ___ AMEX

Credit Card Number:
 _____ - _____ - _____ - _____

Expiration Date:
 _____/_____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



FAX or send the authorization to:

Men Welding Fire
P.O. Box 18804
Reno, NV 89511

Fax (775) 786-1233
Phone (775) 786-1117