

Workshop Credit Card Payment Form

Workshop (date/location):

Participant Name:

Organization:

Billing Amount Authorized:

Do you need a receipt? Yes

Do you need it signed? Yes

If yes, provide a name and an email or fax number to send the receipt to:

Name:

Email:

Fax:

Credit Card Information:

Credit Card Type: MasterCard Visa

Name on Credit Card:

Card Number:

Expiration Date:

Zip code the credit card bill is sent to:

Cardholder's Signature: _____

Contact phone number:

Fax is recommended, but you can also call with the information or send this form through the mail.

Form can be returned by Fax to: (509) 946-2001

To provide information over the phone: (509) 539-8621

Mail to: Randy Schwarz
PO Box 1308
Richland, WA 99354

Contact information:

Company Name: Schwarz Software & Consulting, LLC

Tax Identification Number: 82-4009143

Email: randyschwarz@mcnpvised.com