



Credit Card Payment

Company Name: _____

Telephone: (_____) _____ Email: _____

Registration Information:

Course Name: _____ Course Date: _____

Number of persons registered: _____ AE Member () YES () NO

I hereby authorize Associated Employers to process a charge on my credit card for USD \$ _____

My card is a (select one): Visa MasterCard American Express

Name as it appears on Credit Card : _____

Card Number: _____ V-Code (3 or 4 digit code) _____

Expiration Date: ____/____ (mm/yr)

Cardholder's Address: _____ Cardholder's Zip Code: _____

Print Name: _____ Signature: _____

Please fax this form to (406) 248-6228.

If you have any questions, please contact us at (406) 248-6178.