



TEC Services Consulting, Inc.  
 1620 Pebblewood Lane, Suite 270  
 Naperville, Illinois 60563  
 (630) 305-7486 Office  
 (630) 305-7481 Fax

### Credit Card Authorization Form

Please complete all fields.  
 You may cancel this authorization at any time by contacting us at (630)305-7486.  
 Upon completion, please email to [mieto@tecsinc.com](mailto:mieto@tecsinc.com).  
 Transaction will be processed upon receipt and is required to hold seat.  
 To receive a refund, cancellations must be made one week prior to training date.  
 No refunds will be made for non-attendance.

<b>Credit Card Information</b>	
Services to be Charged: Disability Inclusion Training    Number of Participants:	
Training cost is \$420.00 per registered participant.	Total to be charged: (multiply # of participants x \$420)
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy):	
Three Digit Code (on back of card):	
Cardholder ZIP Code (from credit card billing address):	
Full Address (from credit card billing address):	

I, \_\_\_\_\_, authorize TEC Services Consulting, Inc. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
 Customer Signature

\_\_\_\_\_  
 Date