



Payment Authorization

Please fill out completely and return to Occupational Training Coordinator. Thank you!

ATTENDEE NAME: _____

COMPANY: _____

Course Title: _____

Training Date(s): _____

I, _____, hereby authorize RI Analytical to charge the occupational training course listed above to the payment method selected below.

Indicate Payment Method:

PO (If PO, attach company generated PO form)

Credit Card (If Credit Card, complete the credit card authorization below)

Credit Card Authorization

Type of Credit Card: _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Telephone Number: _____

Fax Number: _____

AUTHORIZED

SIGNATURE: _____ Date: _____

**A READABLE COPY OF THE CREDIT CARD FRONT & BACK
MUST ACCOMPANY THIS FORM**