

Area II Plumbers JATC Trust

Mailing: PO Box 5686 Salem, OR 97304
Phone: (503) 991-5203 **Fax:** (503) 882-0479
Email: billing@area2app.com

CREDIT CARD SINGLE CHARGE AUTHORIZATION FORM

Training Agent
Company Name: _____

Cardholder Name: _____

Billing Address: _____

City _____ State _____ Zip _____

Phone: (_____) _____ - _____

Credit Card Type: Visa/Mastercard American Express

Credit Card Number: _____

Expiration Date: _____ CVS Code: _____ (Last 3 or 4 digits on back of credit card)

Amount to Charge: \$ _____

I authorize Area II Plumbers JATC to charge the agreed upon amount listed above to credit card provided herein. I agree that I will pay for this purchase in accordance with issuing bank cardholder agreement.

Cardholder--Print Name, Sign and Date Below:

Name Printed: _____

Signed: _____

Dated: _____

This payment is for: _____

This purchase is for: _____