



Credit Card Payment Authorization Form

Select Card Type:

 VISA MASTERCARD

Card Holder Name:

Account Number:

Expiration (MM/YY):

3 Digit CVV2 #:
 (located on the back of your card)

Credit Card Billing Address:

City

State

Zip

Phone Contact:

Email Address for Receipt:

This authority is for a onetime charge according to the information provided below.

Course Number:

Payment Amount:

Course Number:

Payment Amount:

Course Number:

Payment Amount:

Grand Total to be Charged to the Credit Card:

I authorize ITCAP Inc. to charge my credit card for payment of their products and/or services. If ITCAP Inc. is unable to process my payment, I will be responsible for an alternate payment arrangement and any resulting processing fees.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

SIGNATURE OF CARD HOLDER:

Signature

Date

PRINTED NAME OF CARD HOLDER:

Complete, Sign and FAX this Form to (520) 326-7878

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