



PO Box 40308 • 619 E. 9th Street • Tucson, AZ 85717 • 888-994-8227 • Fax 520-326-7878

Credit Card Payment Authorization Form

Instructions: Fax the completed and signed form to 520-326-7878.

Check one: Visa MasterCard

Credit Card #:

Exp. Date on Credit Card (mm/yr):

Name as appears on card:

Company name on card (if applicable):

Credit card billing address:

City: State: Zip:

Telephone Number: Fax Number:

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

Invoice # or Course ID #: Payment Amount:

Invoice # or Course ID #: Payment Amount:

Invoice # or Course ID #: Payment Amount:

Invoice # or Course ID #: Payment Amount:

Grand Total:

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: _____

Printed Name of Card Holder: _____

Date: _____