

Global Rescue & Training, LLC

Payment Processing Form

Name: _____

Company Name: _____

Billing Address: _____

(For Completed Invoice)

City: _____

State: _____ Zip: _____

e mail: _____

Method of Payment: *(check one)* Po # _____

PERSONAL CHECK

CASHIER'S CHECK or MONEY ORDER

VISA

MASTERCARD

AMERICAN EXPRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CREDIT CARD NUMBER

--	--	--	--	--

EXP. DATE

--	--	--	--

(from back of card)

Pre-Authorization Amount: \$ _____ Auth # _____

Cardholder Name: _____

CC Statement Address: _____

City: _____

State: _____ Zip: _____

Signature: _____ Date: _____

Payment Processed Date: _____ By: _____