



M·E·T·A
Mayhew Environmental Training Associates
I N C O R P O R A T E D

Credit Card Payment Authorization - Release of Certificate

Today's date: _____ **Invoice #:** _____

Company name: _____

Point of contact (POC): _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Class: _____

Date of class: _____ **Class location (city & state):** _____

_____ **Amount (US\$):** _____

Please check one:

Master Card

Visa

AMEX

Discover

Cardholder's Name: _____

Credit Card #: _____ **CCV:** _____

Expiration Date (mm/dd/yy): _____ **Receipt:** Y N

PLEASE FILL OUT FORM COMPLETELY to insure payment is credited to the correct account. The Customer # and Sales Order # are located in the upper-right hand corner of your Registration/Invoice form.

The billing address is the one the credit card is registered under and NOT necessarily your home address.

Payment must be made in order to complete enrollment and to participate/enter in the training session (participant will not be allowed to enter the class without payment).

Certificates are printed on site and will NOT be released until payment is made.