



**CREDIT CARD AUTHORIZATION FORM**

Company Name \_\_\_\_\_

HASC Acct # \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Authorized By \_\_\_\_\_

*The Houston Area Safety Council is authorized to charge the following (may attach additional sheets if necessary):*

- CREDIT CARD ON FILE** - To pay for future training/invoices. You must include the last 4 digits of the credit card number (example: 1234) on your Registration form or On-line Registration.
- TRAINING** - To pay for training on a one time basis. Please list NAME of trainee, Last 6 digits of SSN & DATE of training and Course Code in space provided below.
- INVOICES** - Please list Invoice number and Amount in space provided below.
- PQF** - Prequalification Database Access
- NEW Membership** - Please fill out the On-line Membership Application at [www.hacsc.com](http://www.hacsc.com)
- RENEWING Membership** - Please list your HASC Acct# \_\_\_\_\_
- OTHER** - Please use space provided: \_\_\_\_\_

<i><b>Use this space only for Invoices or for single use of card.</b></i>	<u>Invoice Number or Date of Training</u>	<u>Amount</u>
<b>Invoice Number or Name of Trainee &amp; last 6 digits of Trainee's SSN</b>		\$
		\$
		\$
		\$
<b>Total Amount To Be Charged</b>		\$

*Fax the completed form to HASC Accounting Department – 281) 476-9314 or email [accounting@hacsc.com](mailto:accounting@hacsc.com)*

**All receipts are emailed.** Please clearly print the email address below:

If e-mail is not available, we will fax the receipt.

Signature(Required)

Date

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