

CREDIT CARD AUTHORIZATION FORM

SALES IMPROVEMENT PROFESSIONALS, INC.

Please fill out this form and fax it in to your SIP representative.

Company Information

Company Name: _____ Date: _____

Contact Name: _____ Phone: _____

Billing Information

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card

Card Type: VISA MASTERCARD AMEX

Card Number: _____ Exp. Date: _____

(Security) CID #: _____

(This number is 3 digits & is the non-embossed number printed on the signature panel on the back of your card immediately following the card acct number. This number is recorded as an additional security precaution)

Card Holder's Signature: _____ Date: _____

By signed above I agree to the terms and conditions set forth within the "Services Agreement" and/or "Terms of Agreement" and understand that my card will be charged the full amount.

PLEASE FILL OUT, PRINT, SIGN, and FAX To: (970) 635-5676

SIP INC.

1281 E. Magnolia #D-145

Fort Collins, Co. 80524

Ph: (602) 369-8097

JimHinshaw@SipTraining.com

www.SIPTraining.com



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