



Credit Card Authorization Form

Company Name: _____

HASC Acct# _____

Phone Number: _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Your email address will only be used to send credit card receipts. If you do not list one, no receipt will be sent.

Authorized Signature _____

Date _____

A signature is required to charge your card, This signature will remain valid as long a your card is on file.

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 for or On-line Registration to use this card.

Training

To pay for training one time only. Please list **name & SSN of trainee, date of training and amount.**

Name of Trainee	Social Security Number of Trainee	Date of Training	Amount (\$)
Total Amount To Be Charged \$			

Invoices

Please list Invoice numbers and Amounts in space provided below.

Invoice Number	Amount (\$)	Invoice Number	Amount (\$)	Invoice Number	Amount (\$)
Total Amount To Be Charged \$					

Email the completed form to accounting@hasc.com for **Credit Card on File** and/or **Invoices**

Email the completed form to customerservice@hasc.com for **Training** (One time use)