

Please follow instructions below to complete our **Credit Card Authorization Form**.

Instructions

1. Complete the form online and type all billing information in the blanks below, OR highlight and print the form and complete the blanks legibly with a dark pen or pencil.
2. Highlight and print the entire form and sign with the credit card holder's signature on the line indicated.
3. Include a photocopy of the **front** and **back** of the signed credit card.
4. FAX (1-860-677-7189) OR scan and **email** the completed form and the photocopies of the credit card to complete your order.

CREDIT CARD AUTHORIZATION FORM

I, , hereby authorize **Cost Management Services, LLC** to charge my credit card for \$ – check here to approve
 , plus sales tax as applicable

VISA

MasterCard

American Express

Credit Card Number:

Expiration Date: / VID Code:

Credit Card Billing Address:

Street:

 City: State:
 Zip Code: -
 Telephone: () -

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.

 Cardholder's Signature

____/____/____
 Date

Authorization Valid Until: /

Initials Here:



321 Main Street
Farmington, CT 06032
Tel: 860-678-4401
www.cmshris.com



Cost Management Services

Abra HR & Crystal Reports Training Registration

(Please complete registration form for each person attending.)

Name:
Company:
Address:
Phone Number:
Email Address:

Please check which class you will be attending:

<input type="checkbox"/>	February 15th - Abra HR
<input type="checkbox"/>	February 16th – Crystal Reports - Beginner
<input type="checkbox"/>	February 17th – Crystal Reports - Intermediate



SAGE PAYROLL SERVICES