

**CREDIT CARD PAYMENT FORM**

**Workshop Title:** \_\_\_\_\_ **Date of Workshop:** \_\_\_\_\_

**How did you hear about this training?** \_\_\_\_\_

Information about Participant Attending Workshop:			
Last Name:		First Name:	
Job Title:			
Email:			
Name of Organization:			
Phone:		Cell:	
Address:		City:	State: Zip:
Providence:		Country:	
Will additional participants be attending the workshop? If so, please provide their information below:			
Participant #2			
Last Name:		First Name:	Cell:
Job Title:		Email:	
Participant #3			
Last Name:		First Name:	Cell:
Job Title:		Email:	
Participant #4			
Last Name:		First Name:	Cell:
Job Title:		Email:	
Participant #5			
Last Name:		First Name:	Cell:
Job Title:		Email:	
Credit Card Information (must match monthly statement information):			
Name listed on credit card:			
Credit Card Type (select one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express			
Credit Card 16-Digit number:		Security Code:	Exp. Date:
<input type="checkbox"/> I give OEC <sup>2</sup> Solutions, LLC permission to run my credit card for the amount listed below			Date:
Please list how you would like your name to appear on your badge if different from the name(s) listed above:			
Do you or anyone attending this workshop have any food allergies? If so, please list allergies below:			
Workshop Payment Information:			
Qty	Name of Workshop	Workshop Price	Total (Qty x Workshop Price)
<b>GRAND TOTAL*</b>			

\*\*\*For Office Use Only\*\*\*

## Information for Completing the Credit Card Payment Form

### Credit Card Information

- Fill in all credit card information including the payment amount to be charged to your credit card. Form must be signed and dated by the cardholder for validation. OEC<sup>2</sup> Solutions, LLC cannot process credit card payments without an authorized signature.
- OEC<sup>2</sup> Solutions, LLC. does not accept debit cards or check cards that require use of a personal identification number (PIN) as a method of payment.

### Payment Information

- To properly apply your payment, please indicate the quantity, description of product and/or service in which you want to apply this payment to.

### Important Information

- We will use this authorization to charge your credit card for the products or services listed on the form
- For any questions regarding payment or you need additional information, please contact:

**Odette Christie**

OEC<sup>2</sup> Solutions, LLC

832-234-4207

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