

**ORDER AUTHORIZATION FORM**

**Order Date:** \_\_\_\_\_

	No. of Associates	Cost per Associate	Total
Website Subscription		\$ 20	\$
			SubTotal \$
			\$
			\$
			Monthly Fee \$

**MAILING ADDRESS**

**Company:** \_\_\_\_\_ **Customer:** \_\_\_\_\_  
**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Referrer:** \_\_\_\_\_

**INSTRUCTIONS**

1. Complete the form either electronically or by printing legibly with a dark pen all information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Fax this form to **(435)755-6917**.

I, \_\_\_\_\_, hereby authorize The Furniture Training Company to debit the amount listed on the invoice for training services from my debit/credit card. I agree to the terms & conditions listed with the card and declare that I am the authorized signer of that card.

**Type of Card:** VISA  MASTERCARD  AMEX  DISCOVER

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CVC Code:** \_\_\_\_\_

**CREDIT CARD BILLING ADDRESS**  Same as above

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Authorization**

I understand that The Furniture Training Company will charge my credit card on a recurring, monthly basis for the service. I agree to a minimum term of six months, and understand that I will notify The Furniture Training Company if I wish to cancel the service anytime after the six month term. I authorize The Furniture Training Company to verify the information given on this application and to receive and exchange credit information concerning this account both now and in the future. Provision of service is contingent upon credit approval. The Furniture Training Company reserves the right to suspend service at any time in the event of a declined attempt to charge the credit card.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please complete this form and fax it to **(435)755-6917**

Your completion of this authorization form helps us protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by The Furniture Training Company.

For Office Use Only	Invoiced <input type="checkbox"/>	Set-Up <input type="checkbox"/>	Shipped <input type="checkbox"/>
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