

CREDIT CARD CHARGE AUTHORIZATION – Baltimore Mediation

Training Attendee Name: _____ Training Date Requested _____

Cardholder Name: _____

Address: _____

Phone: _____

Card Number:

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Expiration:

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Security Code on Back of Card

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CARD TYPE – CHECK ONE

- ☐ VISA
☐ MASTERCARD
☐ AMERICAN EXPRESS

AMOUNT OF CHARGE:

AMOUNT	
Sales Tax 5% (IF APPLICABLE)	
TOTAL CHARGE	

CARDHOLDER SIGNATURE TO
AUTHORIZE TOTAL CHARGE:

DESCRIPTION OF SERVICE OR GOOD SOLD:

ITEM / TRAINING DATE	QUANTITY / NO. ATTENDING	AMOUNT

Note: **Charge will appear on statement as ‘Schenley Wyndhurst Center’**

INDICATE TRAINING PROGRAM DESIRED AND DATE, NUMBER OF ATTENDEES, FILL IN APPROVED AMOUNT OF CHARGE, AND PROVIDE SIGNATURE AND CREDIT CARD INFORMATION – NO SALES TAX APPLIES TO TRAINING SERVICES

FAX COMPLETED FORM TO 443-524-0850 OR MAIL TO 4502 SCHENLEY ROAD, BALTO MD 21210