



# **Florida Water & Pollution Control Operators Association**

A Non-Profit Association Serving Water & Wastewater Professionals in the State of Florida

## **CREDIT CARD AUTHORIZATION FORM**

FW&PCOA Training Office  
4401 S Hopkins Ave., Ste 108  
Titusville, FL 32780-6679  
Contact Person: Shirley Reaves, Training Coordinator  
Phone (321) 383-9690; Fax (321) 383-9691  
[training@fwpcoa.org](mailto:training@fwpcoa.org), [www.fwpcoa.org](http://www.fwpcoa.org)

THIS FORM AUTHORIZES THE FW&PCOA TO CHARGE THE FOLLOWING TO MY CREDIT CARD:

Merchandise or Training Service Rendered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Student: \_\_\_\_\_

Date/s of Training: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Total Estimated Charge: \_\_\_\_\_

Credit Card Type (Circle One):    Visa            MasterCard            American Express            Discover

Name as it appears on Credit Card: \_\_\_\_\_

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

Expiration Date (MM/YY): \_\_\_\_\_      Validation Code (CVC): \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_      Apt: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Phone Number including Area Code: \_\_\_\_\_

Fax Number including Area Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**Note:** This form will act as guarantee of payment for any applicable merchandise or training services as listed above.