



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

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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

Name as it appears on Credit Card: _____

Credit Card Number: _____ Expiration Date: _____

Credit Card Billing Address: _____

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.