



**Contractors
Safety
Council**
of the Coastal Bend Inc.

Credit Card Authorization Form

Oct 2016

Contractors Safety Council of the Coastal Bend, Inc.
Mailing Address- P.O.Box 23066 Corpus Christi TX. 78403
Registration Email: registration@cscceb.org
www.cscceb.org

Phone 361-289-5856
Physical Address- 7433 Leopard St. Corpus Christi, Texas 78409
Admin. Fax: 361-289-6557 (Membership/Invoice Only)

Please completely fill out the following information to allow Contractors Safety Council of the Coastal Bend Inc. to apply charges on your credit card. Email Form for CLASSES to: registration@cscceb.org. For MEMBERSHIP or INVOICES Fax: 361-289-6557.

Member Non-Member

Member Number Company Name

Purpose

Badge or Classes **Email** Form to registration@cscceb.org

Badge – List name and SSN Below

Name: SSN:

Classes – List Trainees Name and **Email** Registration Form

Name:

Payment Amount:

- Visa
- Master Card
- Discover
- American Express

Card Holders Information

Please print clearly
Note all information as it appears on the credit card

First

Middle

Last

Card Number:

Expiration Date: Security Code:

Security code is the three digit number noted on back of card. Four digit number on front of American Express

For Membership or Invoices Fax Form to 361-289-6557 or

Membership - Email to: memberservices@cscceb.org

Invoice - Email to: accounting@cscceb.org

Invoice Number/s

Please Place Credit Card Here and copy before sending

Credit Card Billing Information

Street/P.O.

City

State Zip

Phone Number

E-Mail

I agree and authorize that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company, or association fails to pay for any portion or the full amount of these charges.

Card Holder Signature: _____ Date: _____