

# CREDIT CARD AUTHORIZATION FORM

## *Training Division*

Please complete this form and fax back to 720-306-3064. A copy of your Drivers License must be attached to this form to help fight credit card fraud, for your protection and ours. Please call us at 1-877-858-8018 with any questions.  
*All information is 100% secure and private.*

*Applies to Phone Orders, Fax Orders & In-Office Orders*

**TODAY'S DATE:** \_\_\_/\_\_\_/\_\_\_

### **STUDENT INFORMATION:**

<b>LAST NAME:</b>		<b>FIRST NAME:</b>	
<b>ADDRESS:</b>		<b>CITY/STATE/ZIP:</b>	
<b>PHONE NUMBER:</b>		<b>E-MAIL:</b>	

### **PRODUCT/SERVICE INFORMATION:**

**Course Enrollment (One-Time Payment)**     **Payment Plan Payment\***     **Seat Deposit\*\***

*\* A payment plan form must be completed and approved by the Directors Office  
\*\* Final payment is due prior to class the day of the course*

<b>DATE(s) OF COURSE(s) ENROLLING IN:</b>	
<b>Bail Recovery Certification Course:</b> ___/___/___	<b>Arrest Control Course:</b> ___/___/___
<b>Less Lethal Weapons Course:</b> ___/___/___	<b>Colorado CCW Course:</b> ___/___/___

### **CREDIT CARD INFORMATION:**

<b>NAME ON CREDIT CARD:</b>			
<b>CREDIT CARD TYPE:</b>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
<b>CARD NUMBER:</b>		<b>CVC/CVC2 CODE:</b>	
<small>(3 digit code on back of card)</small>			
<b>EXP. DATE:</b> <small>(MM/YY)</small>	/	<b>DRIVERS LICENSE NUMBER:</b> <small>(License Number and State Issued)</small>	
<b>TOTAL AMOUNT TO BE CHARGED:</b>		<b>\$</b>	
<small>Statement will show charge from PSG LLC</small>			

### **PAYMENT PLAN DETAILS (If Applicable):**

*I authorize Praetorian Services Group, LLC to automatically debit/charge the above card for all agreed to payments in accordance with the attached, signed Payment Schedule/Payment Plan.*

*Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_*

*I agree to allow Praetorian Services Group, LLC to charge my credit card for the above amount(s). I agree to pay the above amount in accordance with my card holder agreement with my issuing card issuer.*

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

**Phone Order**

**Fax/Internet Order**

**In-Office Order**