



Credit Card Authorization Form

Cardholder Information:

Name: _____

Name of Cardholder: _____ (As it appears on the card)

Billing Address (Street, City, State, Zip):

Telephone#: _____ - _____ - _____

Credit Card Information:

____ Visa ____ MasterCard ____ Amex ____ Discover

Credit Card Number: _____

Credit Card CVV# _____

Exp.Date: _____

Authorization:

Amount: ____ \$206 (\$200 deposit plus 3% credit card processing fee.)

____ \$540.75 (8 weeks of training 1 day a week \$525 plus 3% fee.)

____ \$849.75 (8 weeks of training 2 days a week \$825 plus 3% fee.)

I hereby authorize MAQ to charge my credit card for the amount and frequency indicated above. I certify that I am the authorized cardholder of record and that I have full authority to make purchases on behalf of the account listed above. I understand I may cancel at any time by sending an email to gotmaq@yahoo.com

Signature of the card holder: _____ Date _____

Printed Name: _____

MAIL TO: **12359 Abbey rd Bldg A North Royalton Ohio 44133**

All copies of this form will be DESTROYED once we have submitted the information to PayPal.

We do NOT keep credit card information on file at our location.