

3731 State Hwy 35 S. Port Lavaca, TX 77979 Call 361.552.7823 x 3

Credit Card Authorization

This form authorizes Safety Council of the Texas Mid-Coast, Inc. to use the method of payment chosen below to collect payment for service(s) rendered. This information provided will be stored in our secure database for future payments on your account. All information storage complies with applicable privacy and security laws and will not be shared with any other person(s) or entities. For full details on our privacy policy, please visit our website at www.cscportlavaca.org

Please I	PRINT all information	on clearly!	
Date:/iLeve	I ID#		
Your Name:	Title:		
Company Name:			
Mailing Address:			
City, State, Zip Code:			
Phone Number: ()	Fax Number()		
Email Address:			
(this email address will receive all transaction	receipts)		
Please choo	se one of the follow	wing methods:	
	CREDIT CARD		
Credit card type: (please circle one) VISA	MASTERCARD	AMERICAN EXPRESS	DISCOVER
Credit Card Number:			
Expiration date:	Security Code:		
Authorized Signature:			
Printed name:			
Effective July 7 th , 2016, credit card transactions w			

Effective July 7th, 2016, credit card transactions will be assessed a processing fee of 5% of the total amount of the transaction.

Please PRINT this form and fill in ALL blanks. You may email this completed form to customerservice@cscportlavaca.org
Thank you!

Our mission is to provide workforce training compliant with regulatory requirements to promote a safe and healthy workplace. At SCTMC, we value our customer through a commitment to quality safety training. Our commitment is illustrated by our clear communication, accurate recordkeeping, excellent customer service and corporate integrity.