



The Best Man Company Training Authorization Form

NAME _____

Billing Address _____

City _____ State _____ Zip Code _____

PHONE: _____

Check  MasterCard 

Cardholder Name _____

Card # _____

Exp. Date _____ Security Code _____

E-MAIL ADDRESS: _____

Authorized Signature _____

Date Payment Amount: \$1,599.00 + \$75.00= \$1,674.00

Online Training Date:

Billing Date:

*****DATE CANNOT BE PROCESSED WITHOUT ACCOMPANYING PAYMENT*****