



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: \$2,599.00= \$2,599.00

Online Training Date:

Billing Date:

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