

Montana Safety Services Council  
2727 Central Avenue, Ste. 2  
Billings MT 59102

## Credit Card Payment

Company Name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Registration Information:

Course Name: \_\_\_\_\_ Course Date: \_\_\_\_\_

Number of persons registered: \_\_\_\_\_ MSSC Member ( ) YES ( ) NO

I hereby authorize ~~MT Safety Services Council~~ to process a charge on my credit card for USD \$ \_\_\_\_\_

My card is a (select one):  Visa  MasterCard  American Express

Name as it appears on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ V-Code (3 or 4 digit code) \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ (mm/yr)

Cardholder's Address: \_\_\_\_\_ Cardholder's Zip Code: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print this form, complete all information, and fax to MSSC at 406-248-6228.

For assistance, call us at 406-248-4893