



CREDIT CARD AUTHORIZATION FORM

Credit Card Information

**Your Name/Business Name/Card Name:	
**Person Authorizing:	
**Credit Card Type:	Visa [] MC [] Discover [] Amex []
**Credit Card Number:	
**Enter CVC Number:	<i>Last 3 digits from the back of the card</i>
**Expiration Date:	
**Billing Address:	
**Billing City:	
**Billing Zip:	
Country:	
**Phone Number:	
Fax Number:	
**Email Address:	
Please Enter the Following Payment Information:	
Bill Amt:	Bill my credit card once for the following amount: \$
	Date of seminar/webinar you are attending

*** Required Field*

Cardholder agrees that all of the information provided is accurate and complete. Charges are only applicable to one seminar/webinar date as indicated above. Refunds will not be given without proper 24 notice that you will not be attending. Notices and/or question are to be sent to customerservice@rilluniqueenterprises.com. Disputes to amounts invoiced and charged should be immediately reported to customerservice@rilluniqueenterprises.com.

The undersigned is the duly authorized representative and signor of the card indicated above.

Authorized Signature

Date