



PAYMENT AUTHORIZATION

(PLEASE PRINT)

Name of Applicant _____ DOB _____

Telephone (_____) _____

Driver License # _____ State _____

I authorize EDUCATIONAL & AWARENESS CENTER (E.A.C.) to charge my credit card for the below-specified charges. This authorization is to be held for E.A.C.'S information only and will not be released to any unauthorized persons.

Workshop of interest: _____ Discovery }
 _____ Transformation } Date of Workshop _____
 _____ Mastery }
 _____ Inner Child }

Name of Cardholder _____
(please print)

Card Holder's Phone # (_____) _____

Credit Card Type (circle one): Visa Mastercard Discover Other _____

Card Number: # _____

Expiration Date ____ / ____ 3 digit code as found on back of card _____

Amount Authorized: \$ _____

Card Holder's Signature **X** _____ Date _____