



Please Fax to: 413.638.7149

Please indicate the following:

PowerSchool Customer Number
(US200xxxx)

Dates for your upcoming training

Training class name/topic

Attendee names (if applicable)

Credit Card Authorization Form

Cardholders/Company Name (Please Print)

School/District Name (Please Print)

Cardholder Billing Address (Please Print)

Street Address/PO Box

Street Address/PO Box

City

State

Zip

Phone Number

()

Ext.

Please Check One

Visa

Mastercard

American Express

Account Number

Expiration Date (MM/DD/YY)

Authorization Total

\$

FOR NCS USE ONLY

Authorization #

Date

Amount

Undersigned customer hereby authorizes NCS Pearson to charge the above-listed credit card number. The undersigned understands that the same terms and conditions normally governing the use of the credit card apply to this use as well. The undersigned customer authorizes NCS Pearson to perform credit card checks and other credit or financial information or references submitted to NCS Pearson, where permitted. The undersigned represents that he/she has authority to request service(s) for the customer.

Signature

Date