



CREDIT CARD INFORMATION

I _____ authorize **TEST NDT** to
(Name)

charge my credit card for NDT Training/Exams. Not to exceed the amount shown below.

Courses/Exams: _____

AMOUNT \$ _____ USD

CREDIT CARD TYPE M/C _____ VISA _____

CREDIT CARD # _____

CARD CV2 # _____

EXPIRATION DATE _____

BILLING ADDRESS _____

CITY, STATE _____

BILLING ZIP CODE _____

PHONE # _____

NAME ON CARD _____

SIGNATURE

DATE

Please complete and fax or mail back to : TEST NDT
193 Viking Avenue
Brea, CA 92821
(714) 255-1500 office
(714) 255-1580 fax