



CREDIT CARD CHARGE AND INFORMATION FORM

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PLEASE EMAIL THIS FORM TO dora@clintonpoolservices.com

STUDENT INFORMATION

NAME OF STUDENT: _____

STUDENT TELEPHONE NUMBER: _____

STUDENT EMAIL ADDRESS: _____

MAILING ADDRESS FOR MATERIALS: _____

CPO CLASS DATES: _____

CREDIT CARD CHARGE INFORMATION

AMOUNT TO BE CHARGED: \$380.00

NAME AS IT APPEARS ON CREDIT CARD: _____

BILLING ADDRESS (INCLUDING ZIP CODE): _____

BILLING TELEPHONE NUMBER: _____

BILLING EMAIL ADDRESS: _____

TYPE OF CARD* (MARK ONE)

VISA

MASTER CARD

AMERICAN EXPRESS

DISCOVER

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____

SECURITY CODE: _____

SIGNATURE OF CARD HOLDER: _____ DATE: _____

The credit charge will be processed through a secured website provided by Square and a paid receipt will be emailed to the billing email address from Square.