



I, _____ give Hoffman & Hoffman, Inc. permission to charge the amount of \$ _____ to my credit card that is listed below.

Training Attendee(s) _____

Training Date/Dates _____

CREDIT CARD INFORMATION:

Type of Card: MasterCard Visa Discover American Express

Credit Card Number: _____

Expiration Date: _____

Name on Credit Card: _____

Credit Card Security Code: _____ or you may call Marketing at (336) 292-8777 to give this code

Billing address of the credit card that appears on your statement:

Company Name: _____

Address 1: _____

Address 2: _____

City, State & Zip: _____

Phone Number: _____ Fax Number _____

E-Mail Address: _____

Please read and understand before signing:

I understand that, with my signature, I acknowledge that I have checked all information provided to Hoffman & Hoffman, Inc. is correct.

I understand that, with my signature, I acknowledge that I am taking full responsibility for the products and/or services of Hoffman & Hoffman, Inc. and will adhere to our corporate terms of sale.

I understand that there is a **24 hr cancellation policy** and I will be charged for any seats that were reserved and did not notify Hoffman Marketing at marketing@hoffman-hoffman.com at least 24 hours before the start of class.

Signature: _____ Date: _____

Please email completed form to marketing@hoffman-hoffman.com