

ZES
Credit Card Authorization Form
-Education Services-

Please provide the information requested below and send to:
ZES, 3057 Swiss Drive, Santa Clara, UT 84765
or
FAX to: 800-579-1817
(confidential fax)

Total Charge \$ _____

Credit Card Information

Visa MasterCard

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____

3 digit Code on Back (visa only): _____

Billing Address: _____

(Address where monthly credit card statements are received)

Phone Number: _____

(Associated with credit card)

****If a bank outside the US issued the credit card you are providing, please provide a copy of the card front and back along with this form. Be sure to lighten copies before copying****

Being the cardholder, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize ZES to charge my credit card, for the services provided.

Cardholder Signature: _____

Printed Name: _____

Date: _____