

Credit Card Authorization

I, _____ give permission to: **Bracey's Nursing**

Solutions to charge the following credit card for the payment for my courses.

[] Visa [] MasterCard Other: _____

Credit card Number: _____

Expiration: _____ CVC Number: _____
(CVC is the 3 digit number on the back or four digits on the front of AMX)

Card Holders Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Mobile: _____

Drivers License #: _____ State: _____

E-Mail Address: _____

I, _____ Authorized payment of \$ _____

For Dates: _____ Location: _____

Printed Name: _____

Signature: _____

Date: _____

**You may pay by check. Your verification of completions will not be Provided until check clears.
Returned Checks are charged a \$50 return check fee, in additional to any and all bank charge fees.
We can no longer accept money orders due to fraudulent money orders being produced.**

Mail to: Bracey's Nursing Solutions
1301 Leader Drive
Killeen, Texas 76549