

## PAYMENT AUTHORIZATION

Name of Applicant \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_

I authorize CONSULTING & EDUCATIONAL CENTER OF NEW YORK (CEC) to charge my credit card for the below-specified charges. This authorization is to be held for CEC's information only and will not be released to any unauthorized persons.

Workshop of interest: \_\_\_\_\_ Discovery      Date of Workshop \_\_\_\_\_  
\_\_\_\_\_ Transformation  
\_\_\_\_\_ Leaders Journey  
\_\_\_\_\_ Quantum Mastery

Name of Cardholder \_\_\_\_\_  
(please print)

Card Holder's Phone # (\_\_\_\_\_) \_\_\_\_\_

Credit Card Type *(circle one)*:    Visa            Mastercard            Discover            Other

Card Number: # \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ 3 digit code as found on back of card \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_

Card Holder's Signature **X** \_\_\_\_\_ Date \_\_\_\_\_