



Object Mentor, Inc.

Public Class Registration and Credit Card Authorization Form

Registration Information

Student Name: _____

Email Address: _____

Class Name for registration: _____

Credit Card Authorization

I, _____, hereby authorize Object Mentor, Inc., to charge my credit card account in the amount not to exceed: US\$ _____

☐ American Express ☐ Visa ☐ MasterCard ☐ Diners Club

Credit Card Number: _____

Expiration Date: ____/____/____ VID Code: _____

Billing address for credit card:

Street: _____

Street: _____

City: _____ State: _____

Zip: _____ - _____ Country (if not US): _____

Telephone: (____) _____ - _____

Shipping information for receipt:

☐ Email Address: _____

☐ Billing Address

☐ Fax: (____) _____ - _____

Cardholders Signature

_____/_____/_____
Date

Your completion of this authorization form helps us to protect you, our valued customer from credit card fraud. Object Mentor, Inc. will keep all information entered on this form strictly confidential.

Please return to fax #847-775-8174 or billing@objectmentor.com