

CREDIT CARD AUTHORIZATION FORM



VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Name on Credit Card _____

Account Number _____ Exp. _____

Total Amount _____ 5 digit zip code _____ *Billing Address for this card*

CV2 Code _____ *This is the last 4 numbers on the signature strip of your Credit Card.
This is required to prevent credit card fraud. *Some may only have 3 numbers**

I authorize this charge to my credit card account above for purchase from

The Mediation Alliance, Inc. and/or The American Institute of Mediation

I acknowledge that once I confirm a mediation or enroll in a course and authorize this charge to my credit card, I am subject to the refund/cancellation policies of **The Mediation Alliance, Inc., and/or The American Institute of Mediation** (including that there may be no refund available if cancellation occurs within a certain number of days of the scheduled event date). I further acknowledge that the course dates are subject to change and/or cancellation at the sole discretion of The American Institute of Mediation.

I WILL NOT DISPUTE THIS CHARGE IN THE FUTURE.

I agree that a facsimile signature on this document may be used in place of the original signature and binds me to this agreement.

SIGNATURE: x _____

PRINT NAME: _____

DATE: _____

ADDRESS: _____

CITY/STATE: _____

PHONE: _____

EMAIL: _____

Please Fax This Form to (213) 383-5130