AMERICAN SAFETY SCHOOL, LLC.

BILLING INFORMATION

Please PRINT or TYPE

Company Name: _____

Owner: _____

Billing Address: _____

City/State/Zip: _____

Federal Tax ID # or Social Security #: _____

AUTHORIZED CONTACT FOR BILLING:

Billing Contact: _____

E-mail: _____

Phone Number: _____

Fax Number: _____

(Billing information contains confidential material. Billing information will only be transmitted to or discussed with the designated billing contact.)

PREFERRED METHOD OF TRANSMISSION OF BILLING INFORMATION:

_____E-mail _____ Fax

We will mail invoices only if you do not have email access.

NAME ON CREDIT CARD: _____

CREDIT CARD TYPE: (circle one) VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ 3 DIGIT VERIFICATION #: _____

_____

AUTHORIZED SIGNATURE DATE

Phone: 850-997-7233
Fax: 850-997-5116

292 W. Dogwood Street
Monticello, Florida 32344