

Payment Form for Open Classes

Student Name: _____

Email address: _____

Telephone # _____ Agency _____

Work Address _____

City _____ State _____ Zip _____

Course Dates: _____

Course Title: _____

Course Location: _____

Credit Card: _____ Amount \$ _____.

Billing Address _____

City _____ State _____ Zip Code _____

___ VISA ___ MasterCard ___ Discover ___ American Express

Card No. _____

Exp. Date ____/____/____ Card Security # _____

Name as it appears on card _____

Authorizing Signature _____

Maximum of 50% will be refunded for any student cancellation after July 15, 2017

Fax to:

Gonzales-McCaulley Investment Group, Inc., 2764 Trudeau lane, Palmdale, CA 93551
Telephone number: (661) 273-2422 Fax number: (661) 273-5592

For GMIG Accounting Only:

Receipt sent to: _____ Date: ____/____/____ Auth. # _____

Initial: _____