



BATOR TRAINING & CONSULTING

Visa and Master Card Credit Card Payment Form

CREDIT CARD NUMBER _____

EXP. DATE _____ CVV NUMBER _____ (3 digit security code)

AMOUNT AUTHORIZED \$_____

FIRST NAME _____ MI _____

LAST NAME _____

TITLE _____

COMPANY _____

PHONE _____ E-MAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____

PLEASE SEND THIS COMPLETED FORM VIA E-MAIL TO:

INFO@BTCINC.NET

VIA FAX TO: 714-464-4262

OR VIA MAIL TO:

Bator Training & Consulting, Inc.
333 City Boulevard West, Suite 1700
Orange, CA 92868