

DEAFQUEST

3711 N Ravenswood Ave, Suite 144
Chicago, IL 60613

CREDIT CARD AUTHORIZATION FOR PAYMENT

I (Please Print) _____ authorize Deaf Communication by Innovation LLC to charge the following credit card for ASL Class:

\$ _____ Total to be charged to authorized credit card

Credit Card Information: (Please Print)

Name (as it appears on card) _____

Credit Card Type (circle one) Master Card VISA

Credit Card Number: _____

Credit Card Expiration Date: _____

Client Authorization:

I hereby authorize Deaf Communication by Innovation LLC to reserve credit against the above credit card issued in my name as guarantee of payment for service(s).

Authorized Signature

Date

Questions? Call 773-857-7709 or email aslclass@deafcomm.net

For office use only

Invoice:

Approved:

Date:

Note: