



67 Spectrum Blvd. Las Vegas, NV 8910

Phone: (702) 641-3127

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CREDIT CARD PAYMENT FORM

(All funds will be returned to your credit card in the event of class cancellation)

Choose one: VISA MASTERCARD AMERICAN EXPRESS

Card # _____ Name on Card _____

Address where the credit card statement is mailed:

Street address (or P.O. Box) City State Zip

Expiration Date: ____/____/____ V-CODE # _____ (located on back of card)

I understand that I am making a credit card payment for a reservation in a Gilbarco training class scheduled by Petro West, Inc. at their branch office in Las Vegas for class #_____ held from ____/____/____ to ____/____/____. All payments for training classes are final and may not be cancelled for any reason without written approval of Petro West, Inc. authorized personnel.

Authorized Signature Date

Name (please print)

Title