CREDIT CARD

Card Type	Account Number of Credit Card	Exp Date (MM/YY)	Month of Training Class	Security Code

Credit Card **Sale or Authorization**

CSR Ext	CSR Name
Admin. Use Only	

Person Authorizing use of the Credit/Payment Card

X: Phone order - (Cardholder name)

(Company Name/Phone #)

Billing Address Information:

Street:

Zip:

Class Number	Class Description	Amount
		$ -
		$ -
		$ -
Example. TRM010-03-F7	F7 Application Programming	$ -
		$ -
		$ -
	Student(s) Name(s): John Q. Public	$ -
		$ -
		$ -
		$ -

Sales/Service Order #	Admin. Use Only
Customer Account #	Admin. Use Only
PCAuthorize*Hub	Admin. Use Only

Sub Total	$ -
Tax	$ -
Shipping	$ -
Total	$ -

Yaskawa Electric America, Inc.
Waukegan, IL 60085

If you request a credit card receipt, please provide your Fax #:
_____

Fax this completed form to Karen Kolacki @ 847-785-2724 (secure fax number)