

Yaskawa America Inc., Technical Training Services – Customer Credit Card Form

Please email this completed form to [training@yaskawa.com](mailto:training@yaskawa.com) or fax to 847-887-7185 (rev. 05242013)

**Credit Card Information**

Name on the Card: \_\_\_\_\_

Billing Address of the Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ eMail Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Card Type: (check one)       

Card Number:

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

**Student Information** (if same as above, check here  )

Full Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ eMail Address: \_\_\_\_\_

**Training Class Information**

Name of Class: \_\_\_\_\_ Class Number: \_\_\_\_\_

Dates of Class: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ (A)

Name of Class: \_\_\_\_\_ Class Number: \_\_\_\_\_

Dates of Class: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ (B)

Total Amount: \$ \_\_\_\_\_ (A+B)