

CORAL SPRINGS REGIONAL INSTITUTE OF PUBLIC SAFETY



"Commitment to Excellence"

Credit Card Authorization Form PLEASE CONTACT THE OFFICE TO CONFIRM FAX WAS RECEIVED

Visa or MasterCard Only

Return Fax To: 954-340-4423

Applicant Name _____

Name & Date of Class _____

Cardholder Name
(As it appears on card) _____

Type of Credit Card Visa MasterCard

Credit Card Number _____ **CVV** _____

Expiration Date (mm/yyyy) _____

Cardholder Information

Street _____

City, State, Zip _____

Work Phone _____ Cell Phone _____

Email Address _____

Cardholder's Signature _____ **Date** _____

Amount authorized to charge to the above card \$ _____

I hereby authorize the City of Coral Springs Fire Department/Coral Springs Regional Institute of Public Safety to charge the credit card listed above in the amount listed above. This charge is for fees and/or tuition, and is accepted in good faith by the Coral Springs Regional Institute of Public Safety. Should I have any questions concerning the credit card charge(s) made to my account, I will make every attempt to resolve the issue directly with the Coral Springs Regional Institute of Public Safety. By signing above, I acknowledge that I am an authorized signatory for the above referenced credit card.

FOR INTERNAL USE

Class Number _____

Registration Fee _____ PAT FEE _____ Tuition _____

Background Check _____ CPR Course _____ Shirts _____



CORAL SPRINGS REGIONAL INSTITUTE OF PUBLIC SAFETY • CITY OF CORAL SPRINGS, FLORIDA

4180 NW 120 Ave • Coral Springs, FL 33065 • Phone 954-346-1774 • Fax 954-340-4351 or 954-340-4423

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