



**Network Learning Inc.**  
**375 N. Stephanie Street**  
**Building 21, Ste 2111**  
**Henderson, NV 89014**  
**Fax: 702-446-0357**

**CREDIT CARD AUTHORIZATION FORM**

This form authorizes Network Learning Inc. to automatically bill your credit card according to the schedule of fees and methods(s) listed below. Network Learning Inc. is authorized to automatically bill your credit card for all monies due.

**CREDIT CARD BILLING:    VISA    MasterCard    American Express    Discover**

**CARD NUMBER**

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**EXPIRATION DATE (MM/YY)**

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**SECURITY CODE**

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Bill my credit card \$\_\_\_\_\_ for services/merchandise from Network Learning Inc.  
*(Please print legibly)*

**BILLING INFORMATION**

Please ship materials (if applicable) to this address

COMPANY NAME: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

CARDHOLDER ADDRESS: \_\_\_\_\_

CARDHOLDER CITY: \_\_\_\_\_ STATE / PROVINCE: \_\_\_\_\_

CARDHOLDER POSTAL CODE / ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

CARDHOLDER PHONE #: \_\_\_\_\_

EMAIL ADDRESS #: \_\_\_\_\_

ITEMS PURCHASED #: \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date

**SHIPPING INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE / PROVINCE: \_\_\_\_\_

POSTAL CODE / ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

EMAIL ADDRESS #: \_\_\_\_\_