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| **INDUSTRIAL COMMISSION OF ARIZONA**  **CLAIMS WEBINAR, SEMINAR MANUALS, CREDIT CARD PAYMENT** |  |

**DIRECTIONS: Type the required information, print the form, sign it, and return it.**

I AUTHORIZE A ONE TIME CREDIT CARD PAYMENT OF $\_\_000.00\_\_\_\_\_\_\_\_\_ (plus shipping fee)

***Shipping charges will be added once shipment is made.***

□ MasterCard □ Visa □ American Express

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

Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                             Street Address             Apt. #           City                State           Zip

Expiration Date: \_\_\_\_\_\_\_\_\_

Card Security Code:\_\_\_\_\_\_\_\_\_\_\_ (three digits on back of card)

Authorizing Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Please fax to:*** | ***602-542-0060*** |  |  |
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***Payments will display on your credit card statement as “Industrial Commission of Arizona.”***

***For questions, please call the Claims Division at (602) 542-4309.***

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|  | Number of connections/line(s) @ $60.00 each (\_\_\_\_0\_\_\_\_\_) | $ | 00.00 |
|  | **One computer and one phone equals one line** |  |  |
|  |  |  |  |
|  | **Seminar Manuals and training materials are $80.00 per participant** |  |  |
|  | Number of manuals and training materials ordered (\_\_\_\_0\_\_\_\_\_) | $ | 00.00 |
|  | Shipping Charge **For ICA use only** | $ |  |
|  | **For ICA use only GRAND TOTAL** | $ |  |