

## CREDIT CARD AUTHORIZATION

I hereby authorize SonoPath Education LLC. to charge the credit card below for payment of \$1,000.00 refundable deposit.

I certify that I am authorized to sign this form on behalf of my company, I understand that charges will only be made upon our request.

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

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

Cardholder Name: \_\_\_\_\_

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

Credit Card: Visa MC AMEX

Card Number: \_\_\_\_\_ Exp

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

CVV Code \_\_\_\_\_

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

\_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone

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

