

CLASS REGISTRATION & CREDIT CARD REGISTRATION & AUTHORIZATION FORM

Company Name:	EFIN#		
Contact Name:	PTIN#		
Mailing Address:	City: State: Zip:		
Phone Number: Cell Number:	Office Number:		
Email Address:			
LMS Rep:			
Payment Total:	Class Date(s):		
 CORPORATION SATURDAY SEMINAR BASIC TAX 101 PREPARATION (15hr Credit) ADVANCED TAX PREPARATION (15hr Credit) INTRODUCTION TO CORPORATION (15hr Credit) INTRODUCTION TO QUICKBOOKS (15hr Credit) INSURANCE CLASS (15hr Credit) 	COURSE FEE: FREE COURSE FEE: Member \$350/Non-Member \$300 COURSE FEE: Member \$500/Non-Member \$750 COURSE FEE: Member \$500/Non-Member \$750 COURSE FEE: Member \$375/Non-Member \$500		
Credit Card Payment VISA MASTERCARD Name on Credit Card: Credit Card Number: Expiration Date:	Security Code (CVV):		
Cardholder Name:			

I, the undersigned, do hereby authorize LMS to process charges against my above referenced credit card for any amount that I may owe to LMS relating to goods and /or services I purchased.

I agree that I will not dispute any legitimate charges processed by LMS against the above referenced credit card. I specifically understand that if the goods I purchased from LMS need to be returned, I agree not to dispute any LMS credit card charge, and I will work with the LMS Customer Support Department to obtain the returned merchandise authorization (RMA). If the request for RMA is approved by LMS, credits will be issued only after agreed upon and received by LMS.

The undersigned hereby acknowledge and agree to all above terms and conditions of this agreement.

Signature:	LMS USE	
Print Full Name:	Filed By:	Date:
Date:	Approved By:	Date:

Phone: 281-977-3700

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