

**AMS - SKIP TRACE SEMINAR**

Scan & email or fax: [acaspring@gmail.com](mailto:acaspring@gmail.com)

**P.O. Box 1906**

Office: [936] 228-1965

**Montgomery, TX 77356**

Fax: [877] 894-1212

## **CREDIT CARD AUTHORIZATION**

### **Number of seats:**

Date

Email

Company Name

Email

Phone #

Fax #

Billing Address

Physical Address

Contact Name

Cell:

Credit Card

VISA

DISCV

MCARD

AMEX

Credit Card #

Expiration Date

CVV #

I authorize AMS VALERIE MCGILVREY to charge my card for services which I purchase.

Cardholder Signature

*I certify that I am an authorized user on this credit card*

Yes  No

***I acknowledge that Valerie McGilvrey  
may charge this credit card for the 4/18/2016  
Skip Trace Class per seat ordered on this form.***

**X**

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\*There are no refunds 3 days prior to the event.

# Skip Trace Secrets Seminar Enrollment Form

APRIL 18, 2016 –MONDAY

Number of people attending: \_\_\_\_\_ Name(s) of Attendees

*(please indicate how you want the name tag to read if different):*

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Company Name:

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Mailing Address:

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City, State, Zip:

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email:

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If paying by check, please make your check payable to VALERIE MCGILVREY and sign and date your check as usual, tape it to the space below on this page and scan and email or fax [ACASPRING@GMAIL.COM](mailto:ACASPRING@GMAIL.COM)

OR 1-877-894-1212