



## CARDHOLDER AUTHORIZATION FORM

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

I, \_\_\_\_\_

authorize Guns and Hoses Productions d.b.a. LakeCPR.com to charge the amount of \$ (see chart below) for the following services: CPR and/or First Aid

Courses to my: (circle one) Visa/ MasterCard /American Express/ Discover

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CCV/CID# \_\_\_\_\_

\_\_\_\_\_  
(exact name as it appears on credit card)

**VISA, MASTERCARD, & DISCOVER** credit cards have a three-digit (CVV) number. It is printed in the signature panel on the back of the Visa, MasterCard and Discover cards. The verification number is the last 3 digits on the right side of the panel.

**AMERICAN EXPRESS** credit cards have a 4 digit non-embossed number. It is printed above the account number on the front of your card. It may appear to the left or to the right, but it is always above your account number.

**DEBIT CARDS** or if your card has no verification code, enter 0000 in the CVV/CID field.

**Billing Address:** This must be the address where your statement is mailed.

Street \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

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

I/we are aware of any cancellation policies and agree not to dispute or attempt to chargeback any of the above signed for and acknowledged charges.

\_\_\_\_\_  
(cardholder initial)

**Healthcare Provider Course – NEW Student**

**\$60 (Course \$40 + Book \$20)      Date of Class \_\_\_\_\_**

**Healthcare Provider Course – Renewal** (You must bring your 2006 AHA BLS for Healthcare Provider Book with you and a card that expires within 60 days of the class)

**\$40 (Course \$40 – no book)      Date of Class \_\_\_\_\_**

**Heartsaver CPR Course – NEW Student**

**\$45 (Course \$30 + Book \$15)      Date of Class \_\_\_\_\_**

**HeartSaver CPR & First Aid Course - NEW Student**

**\$65 (Course \$45 + Book \$20)      Date of Class \_\_\_\_\_**

**Healthcare Provider Course + First Aid Course – NEW Student**

**\$80 (Course \$60 + Book \$20)      Date of Class \_\_\_\_\_**

**Healthcare Provider Course – Express Certification**

**\$120 (Course + Book)** This course will be scheduled within 72 hours of payment

**Requested Date of Class** \_\_\_\_\_

**HeartSaver CPR Course – Express Certification**

**\$110 (Course + Book)** This course will be scheduled within 72 hours of payment

**Requested Date of Class** \_\_\_\_\_

Be sure to check the box of the proper payment.  
Once your form is completed, please fax to (352) 504-0137 or email to [info@LakeCPR.com](mailto:info@LakeCPR.com)

If you are going to pay by check, please send check for the proper amount.

Mail checks to/made out to:  
Lake CPR - 8028 Gibson Terrace, Leesburg, FL 34748