Petro West, Inc

67 Spectrum Blvd. Las Vegas, NV 89101
Phone: (702) 641-3127
Fax: (702) 641-3125

CREDIT CARD PAYMENT FORM

(All funds will be returned to your credit card in the event of class cancellation)

Choose one: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

Card # _____ Name on Card _____

Address where the credit card statement is mailed:

_____

Street address (or P.O. Box) City State Zip

Expiration Date: _____/_____/____ V-CODE # _____ (located on back of card)

I understand that I am making a credit card payment for a reservation in a Gilbarco training class scheduled by Petro West, Inc. at their branch office in Las Vegas for class #_____ held from ___/___/___ to ___/___/___. All payments for training classes are final and may not be cancelled for any reason without written approval of Petro West, Inc. authorized personnel.

_____ _____

Authorized Signature Date

_____

Name (please print)

_____

Title