



**MyHardDriveDied & Forensic Strategy Services &  
Network Installation Computer Services, Inc**  
601-B Industrial Court Woodstock, GA 30189  
Phone: (678) 445-9007 Fax: (770) 926-7089  
[www.ForensicStrategy.com](http://www.ForensicStrategy.com)  
[www.Nicservices.com](http://www.Nicservices.com)  
[www.MyHardDriveDied.com](http://www.MyHardDriveDied.com)

## SEATED CLASS

### CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_, authorize Network Installation Computer Services, Inc to charge  
CARDHOLDER NAME

\$ \_\_\_\_\_ to my credit card.  
DOLLAR AMOUNT

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholders agreement with the Issuer.

\_\_\_\_\_  
CARDHOLDER SIGNATURE

\_\_\_\_\_  
DATE

Credit Card Type (circle one)      American Express      MasterCard      Visa

Credit Card Number: \_\_\_\_\_ Code \_\_\_\_\_

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

Full Name (as it appears on the card): \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Mailing address (billing address for credit card statement) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date and Location of Class: \_\_\_\_\_

Student Name (as it should appear on certificate): \_\_\_\_\_

Mailing Address of Student \_\_\_\_\_

\_\_\_\_\_

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

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

Email: \_\_\_\_\_