



**Pinnacle X-Ray Laboratory
Digital Radiography Training Course
Credit Card Information Form**

Complete this form and return, along with Registration Form, to: info@pixl-us.com

Circle one: Visa Mastercard

Email Address: _____

Company Name: _____

Name as it appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Number: _____

Expiration Date: _____ / _____ CCV Code: _____

Course Name: _____

Course Dates: _____

I, _____, authorize Pinnacle Industrial X-Ray Laboratories, LLC to charge this card in accordance with payment due.

All credit card information is properly disposed of after payment is made and no information is stored with PXS Inc. 4% convenience fee applies.

Signature: _____ Date: _____