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Customer Information Sheet

Course Registration: CSI CSR INI INR Other (below)
 PDI PDR MPI MPR

Course Date: Course Price: \$

Location: Start Time of class: am pm

Student Name: New Returning

Company (If Applicable)

Billing Name:

Payment Method: Visa/Master Card or Discover* Check Cash PO #

**BCI will forward Credit Card Authorization Form for CC Payments- 10% Deposit May Be Applicable*

Billing Address

CITY: STATE: ZIP:

PHONE#: FAX #:

E-MAIL:

Thank You for Registering. Please call with questions.

BCI use below only:

BS # Database QB Cert Issued Invoice Paid