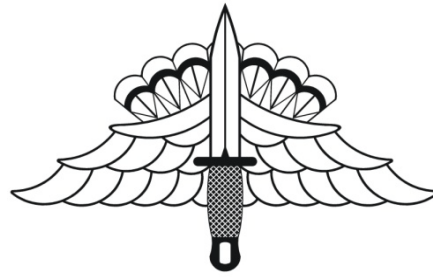


**M16 : M4 : AR-15®  
 Military and Police Weapons  
 Armorer Course  
 PAYMENT FORM**



Must be submitted w/ registration form(s)  
 Use this form to submit credit card payment  
 information **ONLY**. This is **NOT** a registration form.

Course Attending (date & location)	
Name of Attendee (if diff. from card holder)	
NAME (on card)	
AGENCY/ORGANIZATION	
ADDRESS (billing for card)	
CITY, STATE ZIP	
PHONE NUMBER	
FAX NUMBER	
E-MAIL	

**CREDIT CARD INFORMATION**

\*Card Type: \_ - Visa, \_ - MasterCard, \_ - Discover, \_ - American Express

\*Cardholder Name \_\_\_\_\_  
 Exactly as it appears on the card.

\*Credit Card Nr: \_\_\_\_\_

\*Expiry date: \_\_ / \_\_ \*CVV: \_\_\_

(CVV are the last 3 digits of numbers printed in the signature field on the reverse side of the credit card)

Return w/ Registration Form to: Specialized Armament  
 Attn: Training  
 PO Box 6310  
 Chandler, AZ 85246-6310  
 Fax: 480-940-6323  
[training@specializedarmament.com](mailto:training@specializedarmament.com)