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FROM: [Customer Name]
[Address line 1]
[Address line 2]
[City], [State] [Zip]
[Phone]

TO: Salesforce.com
ATTN: Global Education Services
The Landmark at One Market St., Ste 300
San Francisco, CA 94105
Main: (415) 901-7000

FAX: (415) 449-6204

RE: Credit Card Payment Information

I wish to provide the following credit card for payment of the education services listed below:

Registrant Name(s): _____

Company Name: _____

Course Date/Location: _____

Credit Card Information:

Type of Credit Card: _____

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Signature: _____

I acknowledge that multiple credit card declines will result in suspension of my account. I will be responsible for any and all changes to electronic payment information, updates to which, should be made online at <http://www.salesforce.com>