



Payment Insurance Form

I, _____ of _____
(Print or Type Name) (Organization)

authorize the Aims College Corporate Education Center to charge this credit card for payment of the use of their facilities if any remaining balance is not paid in full, within thirty (30) days from the date of the event.

Credit Card Type	Please circle one:	Visa	MasterCard	Discover
Credit Card Number	_____			
Expiration Date	_____			
Card Holder's Name	_____			
Signature	_____			
Today's Date	_____			

Aims Event Center
5590 West 11th Street • Greeley, Colorado 80634
Monday - Friday, 7:30am - 6:30pm Saturday, 8:00am - 12:00pm