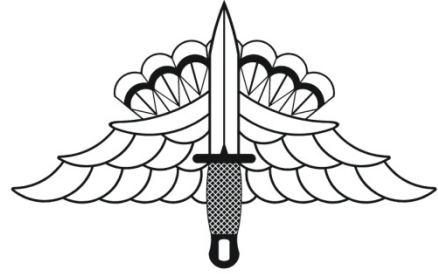


**1911  
PISTOL  
Armorer Course  
PAYMENT FORM**

Must be submitted w/ registration form(s)



NAME	
AGENCY/ORGANIZATION	
ADDRESS	
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)