

REGISTRATION

Please email this form to info@mycspn.com.

Registrant Information				
Full Name:				
Title:				
Company Name:				
Business Phone:		Ext.		Cell:
Email Address:				
Company Address:				
City:		Province/State:		
Postal/Zip Code:		Country:		
Member ID Number (if applicable):				

Membership Renewal				
Individual	Corporate			Vendor
	Bronze	Silver	Gold	
\$200+ HST	\$945+ HST	\$1,445 + HST	\$2,050 + HST	\$2,450 + HST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cheque

Please make cheques payable to “Customer Service Professionals Network”
and mail to the attention of:

“Customer Service Professionals Network”
25 Royal Crest Court – Suite 201
Markham, ON L3R 9X4



ONE TIME CREDIT CARD PAYMENT
AUTHORIZATION FORM

Sign and complete this form to authorize CSPN to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

PLEASE COMPLETE

Form with fields: Company Name, Cardholder Name, Card Number, Payment Option (please check) with sub-fields for Visa and Mastercard, Expiration Date, CVV (digits on the back of the card), Total Amount (before tax).

Form with fields: Signature, Date.

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Please email to info@myCSPN.com. Call us if you have any questions – 905-477-5544.

Thank you!