



# Cardinal Legacy Towing Group

## Registration Form

Company Name: \_\_\_\_\_

Manager/Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Class Attending: \_\_\_\_\_

## Payment Info

Credit Card Info: American Express Visa Mastercard Discover

Card # : \_\_\_\_\_ EXP: \_\_\_\_\_ CVC: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Name on card: \_\_\_\_\_

Card Billing Address (if different):  
\_\_\_\_\_

CHECKS : Make Payable to ATRI, PO BOX 007, Wade, NC 28395

## Employee(s) Attending

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_