



The Aquarian Teacher™ KRI Credit Card PAYMENT FORM

Instructions: Please **fill in all the blanks** of this Payment Form

Name on Card: _____
(Print Neatly)

Address: _____
(Card's complete billing address with zip or country code)

Phone #: _____

Visa/MasterCard/American Express #: _____

Exp. Date: _____ **CVC # (Last 3-digits on back of card):** _____

Total Amount in US Dollars: \$ _____ **Today's Date:** _____

Payment for: _____

(If Royalty Payment:)

- Program # _____
- Licensee/Lead Trainer _____
- Course Location: City _____ Country _____
- Start Date _____ End Date _____

Returning this form

- Email: contractmanager@kriteachings.org
- Fax: 505-753-5982
- Mail: KRI Contract Manager
PO Box 1819
Santa Cruz, NM 87567 USA

For Assistance: email contractmanager@kriteachings.org call 505-629-4694 fax 505-753-5982