

TEXAS PROCESS SERVER TRAINING REGISTRATION FORM

Class Location: _____

Class Date: _____

Full Name: _____

Name to Appear on Certificate: _____

Address: _____

City _____ **State** _____ **Zip** _____

Telephone:() _____

Mobile Phone() _____

Fax Number() _____

Email: _____

Date of Birth: _____

New Certification: Yes () or NO () please mark one or the other _____

Supreme Court Certification # _____ **(For Renewals only)**

Method of payment: Check _____ **Credit Card** _____

Visa:() Mastercard:() American Express: () _____

Name on Front of Card: _____

Billing Address: _____

Expire Date: _____ **Security Code on Back** _____

Card # _____

I hereby authorize Attorney Services of Texas to charge my credit card as reflected above:

X _____ **Date:** _____

FAX COMPLETED FORM TO 512-494-1133 for credit card pymt (SECURE FAX NO COVER SHEET)

Or mail with check enclosed to: Attorney Services of Texas, 316 West 12th Street, Ste 316, Austin, Texas 78701