



## I.D. CHECKING GUIDE™ ORDER FORM

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

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

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

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Name on Credit Card: \_\_\_\_\_

Credit Card Address: \_\_\_\_\_

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

Type of Credit Card: Visa    MasterCard    Discover    American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

*Mail form, with payment (check or credit card) to:  
National Hospitality Institute  
PO Box 4067  
East Lansing MI 48826  
Or FAX form to 517-374-1165  
Questions? Contact: 800-292-2896 or dpuck@mlba.org*