Prison Consulting Group LLC
Fax (727) 683-9985 or
E-mail to Robin Stover at smokeystoverr@gmail.com

CREDIT CARD AUTHORIZATION FORM

(Please complete using exact billing address, sign, and return to Robin Stover at smokeystoverr@gmail.com or fax to 727-683-9985

CARDHOLDER'S NAME (AS IT APPEARS ON CARD)

_____

BILLNG ADDRESS (WHERE CARD STATEMENTS ARE SENT, INCLUDING SUITE, APARTMENT, OR UNIT NUMBER)

_____

CITY _____ STATE _____
ZIP_____

TELEPHONE (HOME) _____ CELL_____OFFICE
_____

TYPE OF CREDIT CARD: **MASTERCARD** **VISA** **AMEX**
DISCOVER

NAME OF CARD ISSUER-BANK (VISA & MASTERCARD ONLY)

_____

CARD NUMBER _____ EXP DATE
_____

CARD SECURITY CODE* _____

*VISA, MASTERCARD, & DISCOVER: LAST 3 DIGIT OF NUMBER ON BACK OF THE CARD, OR, AMERICAN EXPRESS: 4 DIGITS IN CORNER IN FRONT OF CARD

I HEREBY AUTHORIZE PRISON CONSULTING GROUP LLC (PCG) TO CHARGE THE ABOVE CREDIT CARD IN THE AMOUNT OF $_____. FOR PAYMENT OF SERVICES TO BE RENDERED BY PRISON CONSULTING GROUP LLC IN ACCORDANCE WITH THE TERMS OF THE AGREEMENT FOR SERVICES ENTERED INTO BY PCG AND (CONSULTEE NAME) ON _____(Date).

CARDHOLDER NAME

_____

DATE _____

CARDHOLDER SIGNATURE

_____

E-Mail Address _____