

MANY HAPPY RETURNS

JUDY WHITE E.A.

5300 N. US HWY 27; STE B, #1 • Ocala, FL 34482

Office: 352-857-8033 • Cell: 859-358-3635 • Fax: 877-635-6080

CLIENT INFORMATION & AUTHORIZATION FORM

NAME: _____
Print

NAME: _____
Print

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE / CELL: _____

PHONE / CELL: _____

ADDITIONAL NOTES: _____

CREDIT CARD AUTHORIZATION FOR MONTHLY BILLINGS:

I, the undersigned understand that my authorized credit card will be billed each month after receipt of monthly Invoiced billing. This will remain on file as authorized on a yearly basis to be renewed. I, the undersigned or Many Happy Returns may cancel or revoke this authorization upon receipt of 30 day notice of cancellation of services.

CREDIT CARD NAME AS IT APPEARS: _____

CC NUMBER: _____

EXPIRATION DATE: _____ CV #: _____

SIGNATURE OF CARD HOLDER: _____

FRONT CC

BACK CC