

Jail Time Consulting LLC

Fax (954) 206-0999 or

E-mail to Michael Frantz at mike@jailtimeconsulting.com

CREDIT/DEBIT CARD AUTHORIZATION FORM

(Please complete using exact billing address, sign, and return to Michael Frantz at mike@jailtimeconsulting.com or fax to 954-206-0999)

CARDHOLDER'S NAME (AS IT APPEARS ON CARD)

BILLING 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 JAIL TIME CONSULTING LLC (JTC) TO CHARGE THE ABOVE CREDIT CARD IN THE AMOUNT OF \$_____ FOR PAYMENT OF SERVICES TO BE RENDERED BY JAIL TIME CONSULTING LLC IN ACCORDANCE WITH THE TERMS OF THE AGREEMENT FOR SERVICES ENTERED INTO BY PCG AND _____ ON _____.

CARDHOLDER NAME _____

DATE _____

CARDHOLDER SIGNATURE _____

E-Mail Address _____