

Practice Management Survey

Powered by The Financial *Life* Planning Institute
Mitch Anthony

Complete & fax to 320-323-4438 or scan & email to PracticeToolsContact@MitchAnthony.com.
If you have any questions, please call 507-292-0020.

Charge Authorization Form

Date _____ (List names below)

- Check one:
__ Basic Program: \$695
__ Deluxe Program: \$895
__ Premiere Program: \$1,295

Master Card Visa American Express (15 digits for card number)

Account Number

□□□□ □□□□ □□□□ □□□□

Expiration Date: ____/____ Amount to charge: \$____ month one \$____ monthly

Authorization Code: □□□ (Visa/MC – last 3 digits on the back of the card)

Authorization Code: □□□□ (American Express - 4 digits on front of card)

Signature

Print name as it appears on card

Address associated with this card and additional contact information:

Street: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Phone: _____ Email: _____