

PAYMENT AUTHORIZATION

THE ALLEN PROJECT

www.theallenproject.com ~ Fax: 562.249.6645



RETURN COMPLETED WITHIN 48HRS: BACKOFFICE.THEALLENPROJECT@GMAIL.COM

All funds are USD. Deposits are non-refundable. Subscriptions and/or payment plans have automatic billing per month. By completing this form client agrees they have 72 hours to resend, otherwise this is a binding legal agreement, and no future refunds will be rendered. 30-day written cancellation required for subscription services. By signing form below, purchaser/client authorizes payment to be drawn in the favor of Shenae Johnson-Allen DBA The Allen Project as agreed. Also, client understand that a charge of \$40.00 will be imposed on any charges returned or closed accounts.

I, _____,
Printed Account Holder's First and Last Name

check below:

As the INDIVIDUAL account holder/authorized COMPANY representative, I hereby authorize this card to be used for the services and/or materials provided by The Allen Project (T.A.P).

Type of Card VISA MASTERCARD DISCOVERY AMEX

Credit Card Number _____ - _____ - _____ - _____

4-digit prefix _____ Security Code _____ dig _____

Bill
Address: _____ City _____ State _____ Zip Code _____

Email _____ Phone _____

Account holder or Authorized Representative Signature _____

Date: ____ / ____ / ____

