JCO Financial
protecting your investment

Name:_____
First **Last**

Credit Card Billing Address:_____

City:_____ **State:**_____ **ZIP:**_____

Thank you for choosing **JCO Financial LLC.** The information below signifies that you hereby authorize **JCO Financial LLC** to charge the credit card listed below for the services/products listed below. Please read and initial the statements below, complete the billing section, and sign indicating your authorization to charge the credit card listed having been issued to you, the cardholder. Without this form signed, we will not authorize the charge to be added to your card. Please contact us with any questions regarding this form.

I authorize **JCO Financial LLC** to charge my credit card in the amount of:

$_____ from the credit card account listed below. I understand this will post as a charge on the credit card account listed below and that I authorize such charge for (**product/service**) **( )**

_____
Initial Here

Cancellation/Return Policy: **(Products and services provided by JCO Financial are non-refundable. All sales are final. In the instance a client is unable to receive products and services paid for due to no fault of their own a case-by-case refund policy may be instituted.)**

_____
Initial Here

Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CVV code: ☐☐☐

Expiration Date: ☐☐/☐☐
Month / Year

☐ Visa
☐ MasterCard
☐ American Express
☐ Discover

Name as it appears on the credit card to be billed:_____

Signature:_____ **Date:**_____

Please Fax completed form to: 253-922-8680 or Mail to: PO BOX 2032 Milton, WA 98354