

Marketing Success Group Coaching Program Payment Authorization

Fax your completed form to: Joe Costantino (781) 878-3456
For questions call either Joe at (781) 878-1731

Name: _____ Title: _____
Company: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Mobile: _____ Fax: _____
E-Mail address: _____

Please Select One of the Four Payment Options Below

Payment by Credit Card

1. _____ ***Payment In Full***

Please charge my credit card \$2,133 upon receipt of this authorization as full payment for the course (a \$237.00 discount from the Payment Plan price of \$2,370.)

2. _____ ***Payment Plan***

Please charge my credit card \$395 upon receipt of this authorization. I authorize Business Marketing Success to automatically charge my credit card \$395 per month for the next 5 months beginning 30 days from the start date of the class. The total to be charged: \$2,370.

Credit Card Information and Authorization

Credit card type (Visa, MC, AMEX, Discover): _____

Credit card number: _____

Exp. Mo/Year: _____

Name on Card: _____

Signature: _____

Payment by Check

3. _____ ***Payment in Full***

I am attaching a check for \$2,133 as full payment for the course (a \$237.00 discount from the Payment Plan price of \$2,370).

4. _____ ***Payment Plan***

I am attaching a check for \$395.00 as a down payment. I will also pay \$395.00 for the next 5 months beginning 30 days from the date of the first class. The total to be paid: \$2,370.

Signature Section

I understand there will be no refund even if I do not attend all twelve sessions, but I will be entitled to receive all training materials and handouts for all 12 sessions. If I am using the payment plan, I understand that I am obligated to pay the full \$2,370 even if I elect to stop attending classes. The remaining money owed will continue to be paid according to the payment plan (see "Payment Authorization").

Authorized signature: _____

Date: _____