

CREDIT CARD TRANSACTION FORM

CUSTOMER NAME: _____

CUSTOMER ID: _____

INVOICE #: _____

AMOUNT: \$ _____

NAME ON CARD: _____

SIGNATURE: _____

ADDRESS STATEMENT SENT TO: _____

CITY: _____

STATE: _____ ZIP: _____

CIRCLE: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARD NUMBER: _____

EXPIRES: _____ SECURITY CODE: _____

EMAIL ADDRESS OR FAX NUMBER (FOR RECEIPT): _____

PHONE NUMBER: _____

TODAY'S DATE: _____

DO YOU NEED COPY OF INVOICE E-MAILED/MAILED WITH RECEIPT? YES NO

AUTOMATIC CHARGE DATE: 14TH OR 28TH

ACH Payment Form

TO: Asset Protection Corporation
5211 Renwyck Dr.
Toledo, OH 43615

I would like to have my payment directly withdrawn from my account(s) when requested as follows:

<u>Checking/Savings</u>	<u>Bank Routing #</u>	<u>Account #</u>
_____	_____	_____
_____	_____	_____

Monthly Rate: \$ _____

Date of Auto Withdrawal: 14th or 28th
(Please circle)

Customer Name: _____
(Please Print)

Customer ID: _____

Address: _____

City, State, Zip: _____

In the event of an error, I give Asset Protection Corporation permission to debit/credit my account for the amount needed to correct the error.

Signature: _____

Date: _____

***** PLEASE ATTACH A "VOIDED" CHECK FOR THE CHECKING ACCOUNT YOU WISH TO USE FOR DEBIT *****