



Total Long-Term Care Consultant Services, Inc.

Certified Geriatric Care Management & Professional Guardian Services

CREDIT CARD AUTHORIZATION FORM

I _____ authorize Total Long-Term Care Consultant Services, Inc. (TLCCS Inc) to charge my credit card for services rendered, not to exceed the amount shown.

REFERENCE: _____

AMOUNT \$ _____

Credit Card Type: Visa Mastercard Discover American Express

CREDIT CARD NUMBER: _____

CARD CV2# : _____ EXPIRATION: _____

BILLING ADDRESS: _____

NAME ON CARD: _____

Signature

Date

E-mail for mailing receipt: _____

MAIL TO:

TLCCS, Inc.
P.O. Box 411928
Melbourne, FL 32941

Fax: (321) 369-9953

E-mail: tlccs@digital.net

For questions, please call (321) 752-0995