



Liberty Consultants

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 Candy@Liberty4kids.com

Date: _____

Credit Card Record

Item/Service:	Cost	Total
Initial Evaluation Deposit		\$300.00
Total		

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Payment Method:

Mastercard Visa

Amount: \$ _____

Card Number:

_____ - _____ - _____ - _____ Expiration : _____ / _____

3 digit Security code: _____

Name on card: _____

Signature: _____

(office use only)
