



Credit Card Authorization Form

To enable processing of your order, the following information is needed:

company name

address (use the same as credit card)

phone

contact

Name as it appears on the card _____
(if different from above)

Credit Card (please circle one): *MasterCard* *Visa* *AmEx* *Discover*

credit card number

expiration date

Security code (3 numbers or 4 for AmEx)

Amount Authorized:

Agreement Retainer: _____

Please choose: ____ *CMP Basic for \$500* ____ *CMP Plus for \$1000* ____ *CMP Platinum for \$2500*

Authorized Signature: _____

Today's Date: _____

IMPORTANT: Your credit card billing will show a transaction from "Foster Consulting, LLC" in the amount above.

FAX THIS COMPLETED FORM TO: 703-997-1309