



Get IEP Help
 Relax, we're here for you!
 GetIEPHelp.com

CREDIT CARD AUTHORIZATION FORM

I _____ authorize Get IEP Help LLC to charge my credit card
 (Print Name) (Company)
 for a Second Opinion on my child's IEP.

Total Price: \$ 297.00

PLEASE PRINT CLEARLY.

CREDIT CARD TYPE _____ (Visa, Mastercard, American Express, Discover)

CREDIT CARD # _____

CARD CV2 # _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
 (As it appears on card)

YOUR PRIMARY EMAIL ADDRESS: _____

(WATCH FOR AN EMAIL, AT YOUR PRIMARY EMAIL ADDRESS, WITH INSTRUCTIONS ABOUT HOW TO SEND US INFORMATION. CHECK SPAM FOLDER, AND THEN CONTACT US IF IT DOES NOT ARRIVE WITHIN 48 HOURS. PLEASE LET US KNOW IF THIS IS AN EMERGENCY – FOR EXAMPLE, IF YOUR MEETING IS IN A FEW DAYS.)

 SIGNATURE

 DATE

FAX OR MAIL TO:

Get IEP Help
 4800 Osage Dr. Ste. 30
 Boulder, Colorado 80303

(303) 800-4118 phone
 (303) 479-6708 fax
 info@GetIEPHelp.com