



**Please print this page and fill out for return by fax or email**

**Web Site Scorecard Credit Card Charge Form**

**Return by fax to 614-388-5656**

**or scan and email to [jonk@improvedresults.com](mailto:jonk@improvedresults.com).**

**You may also pay via PayPal by clicking the PayPal button below.**



Name:						Position:				
Company:										
Address:										
City:					State:			Postal Code:		
Country:										
Email:										
Phone:										
Fax:										
Amount (\$):	\$500.00									
Credit Card Type	Visa		MC		Dis		AMEX			
Card Number										
Expiration Date:						Spec. Code				
Signature:						Date:				

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