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Client Focus Connections is your source for
Professional Telemarketing Services

Please sign below and return via fax to Client Focus Connections

Charge Card Order Form

Company _____
Name _____
Address _____
City _____ State _____ Zip _____
Office # _____ Fax # _____

Order # _____ Auth. # _____ Ref. # _____

Charge Information

Type of Card _____
Account # _____
Expiration Date _____ 3 Digit # on back of card _____
Date of sale _____

_____ 3 Hour Calling Session

X \$ _____ (Per 3 Hour Session)

\$ _____ Total

I authorize Client Focus Connections to charge my credit card for the amount of the Total Charged. I approve this credit card transaction by my signature below through the fax machine or email. If I request a refund, there will be a \$15 handling charge. This amount will be deducted from my refund.

X _____ (Signature)

Pricing

1 or 2 sessions = \$89.00 each
3 – 9 sessions = \$85.00 each
10 or more = \$79.00 each

Your Company For Solutions & Results