

# Practice Management Survey

Powered by The Financial *Life* Planning Institute  
Mitch Anthony

Complete & fax to 320-323-4438 or scan & email to [PracticeToolsContact@MitchAnthony.com](mailto:PracticeToolsContact@MitchAnthony.com).  
If you have any questions, please call 507-292-0020.

## Charge Authorization Form

Date \_\_\_\_\_ (List names below)

Check one:

Basic Program: \$695

Deluxe Program: \$895

Premier Program: \$1,295

Master Card     Visa     American Express (15 digits for card number)

### Account Number

          

Expiration Date: \_\_\_\_/\_\_\_\_ Amount to charge: \$\_\_\_\_\_ month one \$\_\_\_\_\_ monthly

Authorization Code:  (Visa/MC – last 3 digits on the back of the card)

Authorization Code:  (American Express - 4 digits on front of card)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name as it appears on card

### Address associated with this card and additional contact information:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

