


Amplify Consulting Services, LLC

Client Profile

Personal Information	
Client Name:	Jeff Yourtz
Preferred E-mail:	jyourt@gmail.com
Home Address:	10684 Evandale St.
City, State, Zip:	Highlands Ranch, CO 80126
Primary Phone:	303-619-1858
Company Name:	JCC
Title:	Desk Supervisor
Company Street Address:	350 S. Dahlia
City, State, Zip:	Denver, CO 80246
Referred By:	

Confidential Credit Card Information

Billing Information		
<p>PLEASE READ: *We accept US banking CC's only</p>		<p>*Please provide credit card information below to HOLD appointment times for meetings and conference calls. All appointments should be canceled at least 24 hours in advance to avoid billing. Monday appointments should be canceled by 5:00pm MT on the previous Friday. Payment is due at the time of service. Any payment, whether credit card or debit card, is subject to a \$25.00 per day handling fee if the card is declined until valid payment is received and processed.</p>
Credit Card Type (please circle):	AMEX VISA MasterCard Discover	
Credit Card Number:		
Expiration Date (mm/yyyy):	06/21	
CCV Security Code (4 digits on front of AMEX and last 3 digits on back of all other):	061	
Is this a debt card (Y or N):	N	
Name as listed on card:	Jeffrey M Yourtz	
Billing Address (if different from Home Address):		
Signature: (Electronic or typed signature has the same legal implications as the traditional handwritten method)	X _____	
DISCLOSURE		
<p><i>Authorize.net on behalf of Amplify Consulting Services, LLC, processes all credit card charges. Receipt transmissions will originate from noreply@mail.authorize.net and charges for services will appear on your statement as Amplify Consulting Services, LLC.</i></p> <p><i>By signing below, I hereby understand and acknowledge that any and all information that I may provide to or discuss with Amplify Consulting Services, LLC may be required by law to be disclosed to a third party. I hereby release Amplify Consulting Services, LLC and waive any and all claim(s) that I may have relating to or arising from the release of such information or records, including any or all claim(s) that I may have for a breach of professional duty.</i></p>		
Signature and Date:	<p>* _____ Date: _____</p> <p>*Client acknowledges that a typed signature entered on signature lines represents his or her acknowledgement of the provisions stated and that the entry of a typed signature is legally binding.</p>	

Return to: Craig@amplifyconsultingservices.com