



Get IEP Help/Reading

CREDIT CARD AUTHORIZATION FORM

I _____ authorize Get IEP Help LLC to charge my credit card
(Print Name) (Company)
for the online reading program.

AMOUNT \$198.00 USD.

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

CREDIT CARD # _____

CARD CV2 # _____ (3 or 4 digit number on card)

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 TO COMPLETE THE PROGRAM REGISTRATION. CHECK SPAM FOLDER, AND THEN CONTACT US IF IT DOES NOT ARRIVE.)

SIGNATURE

DATE

FAX OR MAIL TO:

Get IEP Help/My Learn To Read
4800 Osage Dr. Ste. 30
Boulder, CO 80303
(303) 800-4118 phone
(303) 479-6708 fax
info@GetIEPHelp.com

Or, contact us by phone to order : 303 800-4118