

Accountability For You Enrollment Form

Name: _____
Company Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____

I am interested in enrolling in the A4U group coaching program and authorize use of my credit card to secure payment for my account with JAD Coaching & Consulting LLC.

TYPE OF CREDIT CARD: VISA MasterCard

CC#: _____ **Exp. Date:** _____

Card Holder's Name: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Authorized Signature: _____ **Date:** _____

Amount: (please circle)

Option A: \$25/month auto billed to my credit card for 11 months

Option B: \$247.50 one time charge (taking advantage of 10% discount!)

Please return by fax to: 1-888-228-9551 Attn: Julie Taylor

Or print this form and mail with your check payable to:

JAD Coaching & Consulting LLC
1307 Calvert Road
Chester, MD 21619

All sales are final.