

PLEASE FAX THIS FORM BACK TO 603-756-9402

Nate Lynch & Associates LLC  
40 Main Street  
P.O. Box 573  
Walpole, NH 03608

DATE \_\_\_\_\_

PLEASE CIRCLE THE TYPE OF CREDIT CARD YOU WISH TO USE

MASTER VISA DISCOVER

PLEASE PRINT THE CREDIT CARD NUMBER AND THE EXPIRATION DATE  
3 or 4 DIGIT CODE ON BACK AND 3 or 4 DIGIT CODE ON BACK

\_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_

CARD BILLING ADDRESS \_\_\_\_\_

AMOUNT TO BE BILLED ON CARD \$ 54.90

\$ 49.95 plus \$ 4.95 Shipping and Handling

ORIGINAL OR FAXED SIGNATURE OF CARDHOLDER

\_\_\_\_\_

BY SIGNING THIS FORM YOU THE CARD HOLDER IS AUTHORIZING AND  
EXCEPTING THE ABOVE CHARGE TO HIS/HER OR ITS CREDIT CARD