



## Credit/Debit Card & Check Authorization

I, authorize Glenport Asset Management, LLC, to charge my credit/debit card for the amount shown for services or programs as noted below until I terminate that authorization in writing or use [PayPal on website](#).

### CREDIT CARD

Client Name \_\_\_\_\_

Name on Card \_\_\_\_\_  
(if not the same as above)

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date  
MMYY: \_\_\_\_\_

\$ Amount per month (see Coaching Agreement) \_\_\_\_\_

Card Type: (please circle one)    MasterCard                      Visa

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

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### CHECKS

Make checks payable to: Glenport LLC

Mail checks to: c/o Cooper Glenn, CPA  
Glenport LLC, 1 Oglethorpe Prof Blvd, Suite 101  
Savannah, GA 31406  
Ph: 912-231-0128 Fx: 912-355-4505



**Discover Creative Core Coaching!**

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