



YourBankruptcyPartner.com
7525 E. Camelback Rd, Suite 210
Scottsdale, AZ 85251
(800) 625.7725
Fax: (480) 946.0001
www.yourbankruptcypartner.com
www.ybpcert.com

Approved Account and Authorization Form

Please fill out this approval form to create an account with YourBankruptcyPartner.com, Credit Advisors Foundation (Pre-Filing Credit Counseling), and Arbor Investments (Post-Filing Debtor Education). We will create an approved account to track codes, billing, and account information to help us serve you and your clients better.

Attorney Name: _____

Law Firm: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email Address: _____

Administrator/Paralegal: _____ Phone: _____

Admin/Paralegal Email: _____ Fax: _____

Delivery preference for client certificate delivery: Email/Fax: _____

Names authorized to request codes on this account: _____

Billing Options:

Monthly: Please keep card on file and bill me monthly. I am requesting _____ code(s) now.

Day of Purchase: Please keep card on file and charge on the day of request.

I do not need codes at this time. Please create our account to track clients. (CC info - not needed)

I would like to request _____ code(s) for a one-time charge on the card below.

I authorize Credit Advisors Foundation and/or Arbor Investments to charge \$25 to this card for each bankruptcy pre-paid code requested by a designated representative of my office via phone, facsimile, or email. Payments for monthly billing will be charged on approximately the first week of the month for all of the codes requested for the previous month. You will receive an invoice for monthly charges.

Card Number: _____ Card Type: Visa MC Amex

Expiration date: _____ CVV2 Code: (Visa/MC-(3) back of card, Amex-(4) front) _____

Name as it appears on credit/debit card: _____

Billing Address: _____

City/State/Zip: _____

I certify that all information is complete and accurate. I hereby authorize Credit Advisors Foundation and /or Arbor Investments to collect payment for all charges indicated on this form.

Cardholder Name (printed): _____

Cardholder Signature: _____ Date: _____