



TUCKER CREDIT CARD AUTHORIZATION

1520 West Canal Court
Littleton, CO 80120
tel 877.200.7007
fax 866.485.7160
TuckerAM.com

I, _____, authorize Tucker Asset Management to bill my Asset Management Services:

☐ **MONTHLY:** \$125 a month ☐ **ANNUALLY:** \$1,500 a year (prorated)
BILLED ON THE 15TH OF EVERY MONTH.

Name: _____

Email: _____ Phone: (_____) _____ - _____

CREDIT CARD INFORMATION:

Card Type (circle one): MasterCard Visa AMEX Discover

Card Number: _____

Expiration Date: ____/____/____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Date: ____/____/____ Amount: \$ _____

As of the date indicated by my signature below, I hereby authorize TuckerAsset Management (TAM) to initiate a recurring charge to the credit card indicated above for the total amount due each year. I agree that that in the event my registration fees are not paid that they will be deducted from my monthly fees generated. If I want to discontinue this authorization, I agree to arrange for an alternative method of payment or give at least thirty (30) days written notice to TAM using the contact information provided on their website at www.TuckerAM.com. Notice to the issuer of the credit card only is not sufficient to terminate this agreement. If TAM is unable to process my payment, I understand that I will be responsible for alternative payment arrangements and any resulting processing fees that may be incurred. I agree that if I have any problems or questions regarding my TAM account or any products or services provided by TAM, I will contact TAM for assistance using the contact information provided on their website at www.TuckerAM.com. I agree that I will not dispute any charges with the issuer of the credit card without first making a good faith effort to remedy the situation directly with TAM. I guarantee and warrant that I am the legal Cardholder for this credit card and that I am legally authorized to enter into this recurring credit card billing agreement with TAM. By signing this authorization, I acknowledge that I have read, agreed to all of the above information and warrant that all the information provided herein is true and correct.

Cardholder's Signature: _____

ADVISORS
ASSET MANAGEMENT
COLLEGE SOLUTIONS
FINANCIAL SOLUTIONS

FOR OFFICE USE ONLY

Approval: _____ Accounting: _____ Payment: _____ Total Charge: _____