

## **REGISTRATION FORM**

## **FRAUD**

Name:
Company Name:
Address/City/State/Zip
Email:
Form of Payment:
cash
check
credit/debit card #
3 digits on backexp datedzip code

You may complete this form and return to me many different ways:

- 1. Scan and email to me at clockhoursbyangie@gmail.com
- 2. Mail to me at the address below
- 3. Drop off at my office at IPT 25 W. Cataldo, Spokane Wa. 99201
- 4. Fax to 509-532-9009

Or you can complete the registration form and omit the credit/debit information and call me with it. I immediately destroy all the sensitive information for your safety.