

BRU Management Services

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Home Phone: _____

Contact Phone: _____

MC/VISA/AMEX/DISC (Circle One)

Account #: _____ Sec. Code (3 digits) _____

Expiration Date: _____

I have read and agree to all of the guidelines as set forth in the Terms and Conditions and hereby authorize BRU Management Services to charge my credit/debit card in the amount of \$300 for the purchase of the Bankruptcy Kit.

Signature

Date

Shipping Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Certified checks and money orders should be made payable to BRU Management Services and mailed to the address below.

BRU Management Services
PO Box 5243
Springfield, PA 19064