

# ACE OF COINS

## SECURE ORDER FORM

This is a membership agreement for the purchase of the items selected below. The membership includes all tools, procedures and strategies to implement the plan that works best for your situation, along with one year of consulting as needed.

### DIRECT PAYMENT AUTHORIZATION

Please request Bitcoin or Ethereum address for payments in those currencies. I hereby authorize **Georgia Capital, LLC** to initiate one entry to my checking or savings account at the financial institution listed below and I authorize the following payment in the amounts selected,

\$199 Crypto-Asset Portfolio Manager (8 GB); **California residents pay \$213.43 to include state sales tax of 7.25%. All orders must include \$9.95 for shipping & handling.**

Device ships in a box in which your hand would fit neatly, to your home country. Ask if you are not sure of postal rates. It's also best to get a free consultation before completing this order form.

### Options

\$99 128GB memory (eMMC) upgrade (includes Exodus Wallet)

\$99 Security Battery Backup

Include shipping and handling for 2 lbs. within the fifty states for \$9.95. It ships in a box in which your hand would fit neatly, to your home country. Ask if you are not sure of postal rates. It's also best to get a free consultation before completing this order form.

\$275 Blockchain Tax Immunity Trust & Post Windfall Plan

\$497 LLC + state filing fee, includes banking abstract, tax deferment plan, operating agreement, 1 year consulting, & comprehensive Post Windfall Plan

\$275 Settlement Trust for complete banking security against levies

**\$199 Request for Determination Letter to Avoid 1099-K Taxes**

\$500 Other, e.g. \$60K business credit, coaching, cash flow development

under this membership agreement. Please complete the form by filling in the blanks using your computer. Once the entire order form is completed then print it out and complete your signature by hand and scan into an image file, compatible with Adobe Acrobat® PDF.

\_\_\_\_\_  
Your Bank or Credit Union Name

\_\_\_\_\_  
Name Of Account Holder

\_\_\_\_\_  
Your Address Bank or Credit Union Address

\_\_\_\_\_  
Postal Address for Account Holder

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Account Number (see sample below)

\_\_\_\_\_  
Transit / ABA Number (see sample below)

\$

\_\_\_\_\_  
Total Payment Authorized

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Your Signature

**BE SURE YOUR ORDER INCLUDES STATE FILING FEE AND POSTAGE AND HANDLING AND CALIFORNIA RESIDENT TAXES IF APPLICABLE.**

If possible, affix a copy your check over this sample, no deposit slips please. Email or send via Skype, this completed form to Skype ID "johnjaysingleton" following confirmation that you have the correct account, or via email to [singletonpress@protonmail.com](mailto:singletonpress@protonmail.com)

