



Confidential Application and Management Agreement

This application and agreement allows Help From Outside, LLC to perform services and make purchases on behalf of the person signing below.

Client Information

*First Name: _____ Middle: _____ *Last: _____

AKA: _____ (if alternate name must appear on your address).

*Date of Birth: _____ *Gender: M ____ F ____

*Name of Prison/Institution: _____ *Unit/Cell: _____

*Address _____ State _____ Zip Code _____

* Inmate ID Number: _____ *Commitment Date: _____ Release Date: _____

*U.S. Citizen: Y _____ N _____

Outside Support Contact Information (if applicable)

*First Name: _____ Middle: _____ *Last: _____

*Address: _____ *City: _____ *St: _____ *Zip: _____

*Telephone: _____ Mobile: _____ Email: _____

Additional Information You Want Us to Know: _____

***Payment Information - A minimum deposit of \$200 is required to open an account; this includes a \$25 non-refundable application processing fee. Once your account is established a \$25 balance must be maintained in order to remain active. Funds must be available prior to requests being fulfilled. A monthly fee of \$4.00 will be deducted from your account.**

Method of Payment: Money Order: _____ Cashier Check: _____ Gov/Institutional Check: _____

Personal Check (must clear draft bank before account is approved): _____ Credit Card (PayPal): _____

Deposit Amount: _____

Credit Card Information : MC _____ Visa _____ Card Number _____

Name on Card: _____ Expiration Date: _____ Security Code: _____

Address of Cardholder: _____

Signature of Cardholder: _____

* REQUIRED INFORMATION

Applicant Signature:* _____ **Date:** _____

By signing this form I release HFO from any responsibility arising from issues regarding my service request(s). I give HFO my expressed permission to fully represent me and do business on my behalf. I agree to make requests through HFO and pay their fees. I give HFO full discretion regarding billing. I understand that HFO reserves the right to close the account for any reason, voiding all contacts and prepaid services without refund for services previously paid. I understand that suspicious requests will be denied. HFO will comply with prison policies and will refuse and report any requests that raise security concerns. I understand HFO will not place any orders on my behalf if my account is not sufficiently funded. I agree to a monthly fee of \$4.00 that will be deducted from my account each month. I understand I will not hold HFO responsible for any balance that falls below the minimum balance requirement.

HFO Staff Only

Date Received: _____ Deposit Amount: _____ Payment Type: _____

Customer Number: _____

Notes: _____