

## CONSULTATION INFORMATION

**Note: Please expect at least 5 to 7 business days from the date you are contacted for an available opening in my schedule due to the importance of matters I may currently be handling.**

### **SECTION ONE – YOUR CONTACT INFORMATION**

Name: Click here to enter text.

Date: Click here to enter text.

Address: Click here to enter text.

City, State, Zip: Click here to enter text.

Phone Nos.: Click here to enter text. Fax: Click here to enter text.

Email: Click here to enter text.

I was referred to Jeff Watson by: Click here to enter text.

### **SECTION TWO – SUMMARY OF MY QUESTIONS AND CONCERNS**

Yes  No Are you considering a transaction involving a self-directed retirement account?

Yes  No Do you have a question about wholesaling legally?  
If yes, in what state? Click or tap here to enter text.

I would **specifically** like to discuss with you (use at least 250 words): Click here to enter text.

### **SECTION THREE – OUR CONTACT INFORMATION**

The Jeffery S. Watson Law Firm Ltd  
PO Box 604  
Conneaut, OH 44030

Phone: 440-599-2827  
Fax: 440-599-1836  
Email: jeffwatson@suite224.net

### **SECTION FOUR – YOUR CREDIT CARD INFORMATION**

***My rate is \$350 per hour. Your card will not be charged until the consultation is complete and the amount has been agreed upon.***

Card Holder Click here to enter text.

Card Number

Click here to enter text.

Discover  Master Card  VISA

Expires

CVV

Signature