



Credit Card Authorization Form

Date: ____/____/____

I, _____,
Printed Name

Check only one:

As the Individual cardholder, I hereby authorize this card to be used for payment required.

As the company representative, I hereby authorize this card to be used for payment required.

Credit Card Information:

Name as it appears on the Card:

Type of Card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number _____ - _____ - _____ - _____ Expiration Date ____/____

Security Code BACK of Visa OR Master Card: (3 digits) _____

Security Code FRONT of Amex Card: (4 digits) _____

Credit Card Billing Address: Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Cardholder or Company Representatives Signature: _____

Date: ____/____/____

By completing any portion of this form I hereby authorize this card to be used for my request, future deposits, Invoices, and/or final payment. I understand that any past due payment beyond 45 days may be charged in order to bring my account current.

Requesting Client's Signature (if different than cardholder signature above):

Requestor's Name: _____

Disclaimer: Service of process fee is based on per person/per address given by client. The court clerk makes the final decision on whether to file or not file your document(s). Service is not guaranteed on all service of process and or court filings. Payment for service requested is due at time of submission Rates (Fees) are subject to change without notice at any time. Use of this form creates a contract and Run With It shall not be liable for more than \$100 per assignment.