

# CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_, hereby authorize Central San Diego Attorney Service, Inc., to charge my credit card account in the amount of:

\$ \_\_\_\_\_

Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ VID/Security Code: \_\_\_\_\_

Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: (If Not USA) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

As the credit card holder, I authorize Central San Diego Attorney Service, Inc. to charge my credit card for services provided, future services and for any outstanding invoices older than 45 days.

Authorization Starting Date: \_\_\_\_\_

Cardholder's Signature Here: \_\_\_\_\_

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Central San Diego Attorney Service, Inc. will keep all information entered on this form strictly confidential.

