



PROCESS SERVERS INC.

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CREDIT CARD AUTHORIZATION FORM

(Please complete and return by e-mail or fax)

(Please print)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO. _____

CREDIT CARD: (check one): VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CREDIT CARD NO. _____

EXPIRATION DATE: _____

CARD VALIDATION NUMBER (CVN): _____

(3 DIGIT NUMBER IN SIGNATURE AREA ON BACK OF CARD)

NAME ON CARD: _____

BILLING ADDRESS: _____

PHONE NO. OF CARDHOLDER: _____

I AUTHORIZE THE ABOVE REFERENCED CREDIT CARD BE CHARGED IN THE AMOUNT OF: \$ _____

PURPOSE: SERVICE OF PROCESS INVESTIGATIVE WORK OTHER: _____

CARDHOLDER SIGNATURE: _____ DATE: _____