



CREDIT/DEBIT CARD AUTHORIZATION FORM

Please print clearly!!

Your completion of this authorization for helps us to protect you, our valued client, from credit card fraud. All information entered on this form will be kept strictly confidential.

Directions

- 1) Print the blank form and complete the entire form legibly with a dark ink pen. Card holder must sing on the line indicated. If you are using a Debit or Gift Card it must have the Visa or Mastercard Logo. We reserve the right to verify the provided information with your Credit Card issuing Bank.
- 2) **Fax (714) 455.2988** or scan and email to bringitserveit@gmail.com the completed form.

Contact Information

Contacts Name

Telephone #

Your Email Address

Case information

Person/Entity being served

Credit Card Information

Debit Card Credit Card Gift Card

Credit Card #

Expiration Date

Card Holder's Name

Billing Address (The address where the Credit Card Bank sends you the bill)

Address:

Address:

City

State

Zip Code

I, _____ (*Signature*) hereby authorize Priority Service Direct to charge my credit card account in the amount of \$_____ for the Process of Service and or Skip Trace for the case listed above. READ ALL TERMS & CONDITIONS AT WWW.PRIORITYSERVICEDIRECT.COM