



CREDIT/DEBIT CARD AUTHORIZATION FORM

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

- THERE IS A \$5.00 FEE FOR PS DIRECT TO PROCESS THE TRANSACTION**
Or you can go to BRINGITSERVEIT.COM to process your payment free of charge.

I, _____ (*Signature*) authorize Priority Service Direct to process my credit/debit

card account in the amount of \$_____ (Add \$5.00 process fee) for the services of PS DIRECT.

READ ALL TERMS & CONDITIONS AT WWW.BRINGITSERVEIT.COM