CREDIT CARD CHARGE AUTHORIZATION

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. 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 **psd411@gmail.com** the completed form.

Contact Information

Contacts Name

Telephone #

Your Email Address

Case information

Case #

Person/Entity being served

Credit Card Information

Credit Card #

Expiration Date /

Card Holder's Name

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

Address 1

Address 2

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

CONFIDENTIAL