

CREDIT CARD AUTHORIZATION FORM

To be completed by client when requesting payment by credit card

Date: _____

* Company/Firm Name: _____

Address: _____

City/State/Zip: _____ State: _____ Zip: _____

* Customer Number: _____

* CREDIT CARD TYPE:

VISA: _____ MASTERCARD: _____ AMERICAN EXPRESS: _____ OTHER: _____

*Credit Card Number: _____

*Name of Card Holder on Card: _____

* For security and authentication purposes, we require the account holder to provide the Address Number and Zip Code of credit cards billing address: (i.e.: 2900/ 92626).

• _____ / _____

* Expiration Date of Card: _____

I authorize the above credit card information to be kept on file for future use (YES/NO) _____

Description of Items Paid: (Attach Continuation page if necessary)

Document #/Statement Date: Amount Paid:	Document #/Statement Date: Amount Paid:
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_____	_____
_____	_____
_____	_____
_____	_____

Total Amount of Documents/Statements above: _____

* Add: 3 % Convenience Fee: _____

* Please charge the above credit card a total of \$ _____ for payment of the items indicated above:

By choosing to have a credit card billed directly by DDS Legal Support Systems, Inc./VSC Attorney Service (DDS), I hereby authorize DDS to bill this credit card for the charges incurred for use of DDS's Services that includes, Attorney Services, Process Service, Courier Service and Copying. Additionally, I hereby agree that if the credit card company refuses to pay DDS for such charges incurred for use of DDS's services, the applicant shall be responsible for the payment of such charges.

**AUTHORIZED CARDHOLDERS SIGNATURE: _____

• * INDICATES A REQUIRED FIELD