

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize **DISCOVERY LEGAL RETRIEVAL AND PROCESS SERVICE** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. Should any additional agreed upon balances accrue this card may also be used to pay the remaining agreed upon fee(s) and or past due balances on file.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

Discovery Legal Retrieval and Process Service
800-771-8026 E-fax: 866-529-5506
E-mail: info@discoverylegalretrieval.com