



Credit Card Authorization Form

Please complete and return via fax
to (909)429-1127

Customer Name:

Company Name:

Credit Card Billing Address:

City:

State:

Zip:

Telephone number:

Fax:

E mail address:

NAME ON CARD:

CREDIT CARD TYPE:

VISA

MASTERCARD

DISCOVER

CARD NUMBER:

V-CODE (3 digit number on back of Visa, MC):

EXPIRATION DATE:

I certify that I am the holder of the above credit card, or have been authorized by the holder to use the card to pay for services provided by Integrity Legal Services and I agree to all terms and conditions.

I UNDERSTAND THE CHARGE FOR THE ABOVE SERVICE IS NON-REFUNDALBE, NON-REVOCABLE AND NON-CONTESTABLE. I WAIVE MY RIGHT OF REFUND AND/OR TO DISPUTE THE CHARGE.

Integrity Legal Services is authorized to charge my card for the amount of the charges incurred to complete the order submitted. This contract is negotiated in Rialto, California.

Signature: _____

date: ____/____/____

Fax completed form to (909) 429-1127