

ACTIVE LEGAL PROCESS SOLUTIONS

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CREDIT CARD AUTHORIZATION FORM

****Please print clearly****

CARD TYPE: _____

ACCOUNT NUMBER: _____

EXPIRATION: _____

LAST 3 DIGITS ON BACK OF CARD: _____

NAME ON CARD: _____

CARD HOLDER ADDRESS: _____

AMOUNT AUTHORIZED TO CHARGE: _____

I hereby authorize the office of ACTIVE LEGAL PROCESS SOLUTIONS to charge my credit card for the amount specified above.

Date: _____

Signature: _____

Print Name: _____