



Elite Attorney Services, LLC
 2625 Townsgate Rd # 330, Westlake Village, CA 91361

CREDIT CARD AUTHORIZATION

Please complete this form for all credit card payments.

Firm/Customer Name: _____	Acct. #: _____
Address: _____	Suite: _____
City: _____	State: _____ Zip: _____ Country: _____
Telephone Number: _____	Fax: _____
E-mail address: _____	

FOR SERVICES BEING PERFORMED:			
<input type="checkbox"/> Process Service	<input type="checkbox"/> Skip Tracing	<input type="checkbox"/> Court Filing	<input type="checkbox"/> Statement
<input type="checkbox"/> Other _____			

NAME ON CARD: _____

CREDIT CARD TYPE: VISA MASTERCARD AMERICAN EXPRESS

CARD NUMBER: _____

V-CODE (3 digits on M/C & Visa, on back. 4 digits on Amex, on front): _____

EXPIRATION DATE: _____ **AMOUNT TO CHARGE TO CARD: \$** _____

This Authorization form is required for new clients and clients outside of California. For Clients in California, your first Order is always charged to a credit card. For clients outside California, all Orders will be charged to your card, unless prepaid by check. Once credit has been established, this authorization is a guarantee of payment. Elite Attorney Services, LLC reserves the right to charge your card for past due balances not paid within our credit terms. Because most of these transactions are performed electronically, it is not required that Elite Attorney Services, LLC keep a physical credit card on file in order for the charge to the card to be valid. I UNDERSTAND THE CHARGE FOR THE ABOVE SERVICE IS NON-REFUNDABLE, NON-REVOCABLE, AND NON-CONTESTABLE. I WAIVE MY RIGHT OF REFUND AND/OR TO DISPUTE THE CHARGE. Elite Attorney Services, LLC is authorized to charge your card for the amount of the charges incurred to complete the Order(s) submitted, as described in either your letter of instruction or other means, including this authorization.

Elite Attorney Services, LLC. reserves the right to restrict the credit of any client for any reason.

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

Signature: _____ **Date:** ____/____/____

OFFICE USE ONLY BELOW THIS LINE

Authorization #: _____ Authorization Date: ____/____/____ Customer # _____

PLEASE FAX THIS FORM TO 805.267.1101

