

# EDUARDO B. AGUILAR & ASSOCIATES

Attorney-at-Law/ Notary Public

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## CREDIT CARD AUTHORIZATION FORM

CUSTOMER NAME

ADDRESS

TELEPHONE NO

INVOICE NO (S)

DETAIL OF PAYMENT

INVOICE AMOUNT (BZ\$)

AMOUNT AUTHORIZE (BZ\$)

NAME OF CREDIT CARD HOLDER

☐

VISA

☐

MASTERCARD

CREDIT CARD ACCOUNT NO.

EXPIRATION DATE

CVC2/CW2/ CID CODE

### Eduardo B. Aguilar & Associates

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Please note that there is a standard 5% surcharge to cover the cost of recipient bank charges.

Please be advised that your credit card company may also charge you additional fees for this transaction.

This undersigned authorises **Eduardo B. Aguilar & Associates** to charge the above amount to the credit card designated and I hereby understand and agree that the amount charged is non-refundable.

Customer Signature

Date