

*****REQUIRED SECTION*****

Credit Card Authorization Form

Credit Card Number: _____

Expiration Date: _____ Amount to be charged \$ _____

CVS Number (Back of Card number): _____

Complete Billing Address (Address, City, State and Zip Code):

City: _____ State: _____ ZIP: _____

Name on Card: _____

Circle One Type of card: Mastercard – Visa – Discover – American Express

Authorized Signature: _____

Print Name: _____

Date: _____

Payments due by 5pm business day, Late Fee will equal 25% of payment or a minimum of \$20 added to the payment

Payment Interval (Wkly, Bi-Wkly, Monthly): _____

Amount: _____

Defendant's Name: _____

*****Should this note/agreement not be paid or should this be placed with collections/attorney then the cosigner and/or defendant agree and promise to pay fees (including but not limited to attorney's, collections, transporting) with ten interest (10%) per annum from the date due until paid. Cosigner/defendant of this note/agreement waive all notices, notice of protest, notices of accelerate the maturity.**