

A.R.I. Financial, Inc.

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PAYMENT AUTHORIZATION FOR SERVICES (To FAX use 949-861-9393 or EMAIL to: mmalki@arifinancial.net)

Client agrees that his/her signature on this form constitutes his/her "signature on file" and becomes his/her agreement to pay all charges to the Company, as checked and signed by the Client and that the Company, Inc. is authorized to charge all such items to the identified account of Client. **This form will be destroyed after processing.**

Personal Information: (Please type or print)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Business Telephone #: _____

BY CREDIT CARD: Credit Card Billing Address, if different from above:

Billing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Card Type: Visa Master Card

Credit Card #: _____ Expiration Date: _____

For Visa, Master Card, print last 3 digits that appear on the Signature line on back of credit card:

Authorization for the Company to process this payment in the amount of **\$20.00 ONLY**:

Client's Signature _____