

WFA Econometrics Group, LLC
Credit Card Authorization Form

First and Last Name of Petitioner: _____
First and Last Name of Respondent: _____
Date _____
Amount: _____
Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Security Code: _____ (3 digit code on back for MC, Visa and Discover and 4 digit code on front for AMEX)
Cardholder Billing Street Address: _____
Cardholder Zip Code: _____
Phone: _____
Email Receipt: _____