

CREDIT CARD AUTHORIZATION
(Please complete and return via fax to 510-280-7252)

DATE: _____ SUBJECT'S NAME _____

TO: Northern California Process
1339 E. Katella Ave., Suite 128
Orange, California 92780

RECEIVED: _____

FROM: _____

YOUR NAME

COMPANY NAME

CREDIT CARD BILLING ADDRESS

CITY STATE ZIP

HOME PHONE WORK PHONE

BY THIS MEMO, I AUTHORIZE NORTHERN CALIFORNIA PROCESS SERVER TO BE PAID FOR THE TRANSACTION OF THE ABOVE REFERENCED COMPANY IN THE AMOUNT OF \$ _____ BY USING THE CREDIT CARD LISTED BELOW.

MASTERCARD VISA AMERICAN EXPRESS

CREDIT CARD NUMBER

EXACT NAME AS IT APPEARS ON THE CARD

EXPIRATION DATE 3 OR 4 DIGIT CARD CODE

I UNDERSTAND THE CHARGE FOR THE ABOVE SERVICE IS NON-REFUNDABLE, NON-REVOCABLE, AND NONCONTESTABLE. I WAIVE MY RIGHT OF REFUND AND/OR TO DISPUTE THE CHARGE.

AUTHORIZED SIGNATURE OF CREDIT CARD HOLDER

DATE