Valpro Attorney Services

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CREDIT CARD INFORMATION & AUTHORIZATION

Fillable Form

1. REFERENCE & ACCOUNT DETAILS

CASE NUMBER / REFERENCE #

2. CARDHOLDER INFORMATION

NAME AS IT APPEARS ON CARD

CARD TYPE

☐ Visa / MC ☐ AMEX ☐ Disc

CARD NUMBER

EXPIRATION DATE (MM/YY)

CVV2 (3-4 DIGITS)

3. BILLING ADDRESS (WHERE CREDIT CARD STATEMENT IS SENT)

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS ASSOCIATED WITH CARD

PHONE NUMBER

4. AUTHORIZATION & AGREEMENT

I authorize **Valpro Attorney Services, LLC** to charge the credit card indicated on this form. I understand and acknowledge that the credit card is **NOT** present for this transaction.

I also understand that should there be any issues with the credit/debit card being used/charged, I will be responsible for any and all expenses incurred. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company.

*** Please note: a 10% credit card processing fee will be applied to all orders paid with a credit or debit card ***

5. AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

Sign here

DATE

MM / DD / YYYY