

CREDIT CARD AUTHORIZATION
(Please complete and return via fax to 877-931-7378)

DATE: _____

SUBJECT OF REQUEST

TO: Southland Process Server
17602 West 17th Street #102-255
Tustin, California 92780
www.southlandprocessserver.com

RECEIVED: _____

INVOICE NO.: _____

FROM: _____

YOUR NAME

COMPANY NAME

CREDIT CARD BILLING ADDRESS

CITY

STATE

ZIP

HOME PHONE

WORK PHONE

BY THIS MEMO, I AUTHORIZE IAP SERVICES, INC. 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