

ASAP Legal, Inc.  
915 Highland Pointe Dr., Suite 250  
Roseville, CA 95678  
Email: [info@asaplegalinc.com](mailto:info@asaplegalinc.com)  
t.877-231-6254/ 800-542-9857  
f.916-647-0545

CREDIT CARD AUTHORIZATION

Card Type: VISA\_\_\_\_Mastercard\_\_\_\_Am.Exp.\_\_\_\_Discover\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ CCV Number: \_\_\_\_\_

(3 digit security number on back of card) (4 digit security number for American Express)

Billing Address for this Credit Card:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number in case the card is declined: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Email Address: \_\_\_\_\_

This authorization form is required for all clients to pay by credit card. This authorization is a guarantee of payment. ASAP Legal Inc. reserves the right to charge your card for past due balances not paid within our credit terms. It is agreed that, because all business is conducted by fax, email or electronically, it will not be necessary for the credit card to be present for any legitimate charges to be valid. I UNDERSTAND THE CHARGE FOR THE ABOVE SERVICE IS NON-REFUNDABLE, NON-REVOCABLE AND NON-CONTESTABLE. I WAIVE MY RIGHT OF REFUND AND/OR TO DISPUTE THE CHARGE. ASAP Legal, Inc. is authorized to charge my card for the amount of the charges incurred to complete the Order(s) submitted, as described is either your letter of instruction or other means, including this authorization. ASAP Legal, Inc. reserves the right to restrict the credit of any client for any reason. It is further agreed that this authorization is negotiated in \_\_\_\_\_County, \_\_\_\_\_(City), California.

**I certify that I am the holder of the above credit card, or have been authorized by the holder, to use it to pay for services provided by ASAP Legal, Inc., and I agree to all of the terms and conditions above.**

Name: \_\_\_\_\_(Please print)

Sign: \_\_\_\_\_Date: \_\_\_\_\_