

RANCHO ATTORNEY SERVICE OF CALIFORNIA

CREDIT CARD AUTHORIZATION

I wish to authorize the purchase of service(s) from Rancho Attorney Service of California ("RASCAL") and I agree to pay for these services with my credit card account. I understand that the charges apply to each service and to each address whether served or not once attempts have been made, and that these charges are not reversible or refundable. I further certify that I am an authorized user of this card. I agree that I personally will be responsible for the full amount of any charges reversed or declined by my credit card company subsequent to the successful processing of this order.

Dated: _____

Signed _____

(Print Name) _____

CARD INFORMATION

American Express

MasterCard

Visa

Note: All information must be exactly as shown on card or it will be declined by our processor.

Card Number: _____

Amount Authorized: \$ _____ Exp. Date: ____/____ Card Code: _____

Last Name _____ First Name _____

Company Name (if applicable) _____

Billing Address: _____

Day phone: _____ Evening Phone: _____

Email Address: _____

(for office use only)

CLIENT NO. _____ ORDER NO: _____

JOB TITLE" _____

RANCHO ATTORNEY SERVICE OF CALIFORNIA
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