ApostilleInt.com

Credit Card Authorization Form

Apostille International
40-08 Warren St. 2FL Elmhurst, NY 11373
Email: info@apostilleint.com
Tel: 1-844-606-8719

Name on Credit Card: _____

Billing Address: _____

_____

Credit Card Type: ☐ VISA ☐ mastercard ☐ AMEX ☐ DISCOVER

Credit Card Number: _____ _____ _____ _____

Expiration Date: ____ / ____ (mm / yy)

Security Code: _____ (cvv)

Signature: _____

Date: ____ / ____ / _____ (mm / dd / yyyy)

I _____ hereby authorize Apostille International Corp. to charge my credit/debit card account in the amount of $ _____ + 3.8% (Intuit fee for credit / debit card transactions) = $ _____. I agree that I will pay for this charge and indemify and hold Apostille International Corp. harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as my authorized signature on the credit card slip.

THANK YOU FOR CHOOSING APOSTILLE INTERNATIONAL!

SECURE. Your documents are in safe hands.

FAST. We process your documents quickly.

RELIABLE. Accurate service you can trust.