



## CREDIT CARD

## AUTHORIZATION FORM

Name on Credit Card : \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit Card Type :  Visa  MasterCard  AMEX  Discover

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

Expiration Date: \_\_\_\_\_

Security Code : \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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 indemnify 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.