



Attorney's **Certified**
SERVICES

Credit Card Authorization Form

* FAX COMPLETED FORM TO (661) 377-1026*

Date: _____

I hereby authorize Schmidt - Barger, Inc., dba Attorney's Certified Services to use my Credit Card for services.

On this date(s) _____

Invoice Number _____

For ongoing invoices or services.

Dollar Amount \$ _____

Cardholders Name: _____

Business Name: _____

Address Associated: _____

Telephone: _____ Fax: _____

Email Address: _____

ACS Account Number: _____

Circle one: VISA MASTERCARD

Card #: _____

3 Digit Security #: _____ Billing Zip Code: _____

Expiration Date: _____

Signature: _____

A 3% charge or \$3.00 minimum fee, whichever is greater, will be added to each transaction