

A&M Logos International, Inc.
14 Wall Street, Suite 5E, New York, NY 10005
(212) 233-7061 Fax (212) 233-7167
e-mail: info@apostille.us www.apostille.us

CREDIT CARD CHARGE AUTHORIZATION FORM

Visa, Master Card, American Express, Discover

Please complete, sign and return by fax

I, CARDHOLDER _____

AUTHORIZE TO CHARGE MY CREDIT CARD IN THE AMOUNT OF \$ _____

FOR (DESCRIPTION OF SERVICE) _____

CARD (PLEASE CHECK ONE)

- American Express
- Discover
- MasterCard
- Visa

CREDIT CARD NO. _____

EXPIRATION DATE _____

CARDHOLDER'S BILLING ADDRESS _____

PHONE _____

I HAVE READ, UNDERSTOOD, AND AGREED WITH THE TERMS LISTED ABOVE

SIGNATURE _____

DATE _____