

**Document Processing Center (DPC)**  
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## **CREDIT CARD CHARGE AUTHORIZATION FORM**

**Please complete, sign and return by fax 1(212) 233 - 0916**

I, CARDHOLDER \_\_\_\_\_

AUTHORIZE TO CHARGE MY CREDIT CARD IN THE AMOUNT OF:

(PLEASE CHECK ONE)

- \$ 125.00 for 10 business days processing  
 \$ 150.00 for 3 business days processing  
 \$ 200.00 for next day processing

FOR (DESCRIPTION OF SERVICE) \_\_\_\_\_ Letter of Invitation

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 \_\_\_\_\_