



# Credit Card Authorization

VISA

MASTERCARD

NAME (AS IT APPEARS ON THE CARD)

FULL BILLING ADDRESS WITH ZIP CODE:

CREDIT CARD ACCOUNT NUMBER:

EXP. DATE:

SECURITY CODE:

AMOUNT AUTHORIZED TO CHARGE:

AUTHORIZED SIGNATURE:

I Authorize Judicial Process & Support, Inc. to charge my credit card. Please bill my card for the amount listed above immediately and get my job done. (3% Convenience Fee Added)

Print Name and Signature:

Please submit this form through e-mail at [Maria@JudicialSupport.com](mailto:Maria@JudicialSupport.com).

JUDICIAL PROCESS AND SUPPORT, INC.  
19 WEST FLAGLER STREET, SUITE 610  
MIAMI, FLORIDA 33130  
305.347.3353 (OFFICE)

Please Print and Sign, Then Scan and Email Back To Us