



## CREDIT CARD AUTHORIZATION FORM

All ProLegal clients must complete and sign this form as a confirmation, agreement and compliance to the terms listed below.

To: ProLegal

From: \_\_\_\_\_  
(Company Name)

Customer #: \_\_\_\_\_

Case Name: \_\_\_\_\_ Date: \_\_\_\_\_ File#: \_\_\_\_\_

Invoice #: \_\_\_\_\_

American Express:  MasterCard:  Visa:

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

CC Billing Zip Code: \_\_\_\_\_

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

Card Information: \_\_\_\_\_  
(Firm/Customer Name)

Cardholder Signature: \_\_\_\_\_  
(Please print name)

I certify that I am the holder of the described credit card, or I have been authorized by the holder to use the above described credit card for services provided by PRO-COURIER, INC. dba ProLegal. I hereby authorize ProCourier/ProLegal to charge the above referenced credit card as payment for all services provided. I UNDERSTAND THE CHARGE FOR SERVICES PROVIDED IS NON-REFUNDABLE, NON-REVOCABLE, AND NON-CONTESTABLE. I waive my right of refund and/or to dispute the charge.

Charge credit card for the sum of \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Payable Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PROLEGAL SHALL NOT BE LIABLE FOR MORE THAN TWO HUNDRED FIFTY DOLLARS (\$250) PER ASSIGNMENT

Please fax the completed form to (949) 955-2357 or  
Email to [Accounting@ProLegalNetwork.com](mailto:Accounting@ProLegalNetwork.com)  
We appreciate your business.

Los Angeles • Orange County • San Diego • Inland Empire