

Credit / Debit Card Sales Authorization

Bullet Legal Service, LLC
Tel. (702) 823-1000 - Fax (702) 476-5810
bert@bulletlegal.com

Date: _____ Amount: \$ _____

Name of Customer: _____

Name on Credit Card: _____

Credit Card Number: _____

Type of Card (American Express, Discover, MasterCard, or Visa): _____

Expiration Date: _____ / _____ (month/year)

Security Code: _____ (3 or 4 CSC digit code on the back or front of any card type)

Credit Card Billing Address (Address where credit card statement is mailed to):

This authorization is intended to be a binding contract. The credit card holder of record agrees that sales are final and no refunds will be applied or credits made to the credit/debit card. By signing below or verbally authorizing telephonically, I agree to authorize Bullet Legal Services, LLC, to charge my credit card for the amount listed above.

SIGNATURE of Credit Card Holder: _____

PRINTED Name of Credit Card Holder: _____

PLEASE FAX OR E-MAIL COMPLETED FORM TO (702) 476-5810 or bert@bulletlegal.com