

CREDIT CARD AUTHORIZATION AGREEMENT

Please fill in case style:

_____ VS. _____

I, _____, holder of

(check one, please):

American Express ___ Visa ___ MasterCard ___

Corporate American Express: Yes No

Corporate or Rewards Visa or Mastercard: Yes No

Card Number: _____ and

Expiration Date ___/___/___ hereby authorize Wendy Ward Roberts & Associates to charge the specified card for payment of services.

I have read this entire agreement and understand that I will be held fully responsible for its terms and charges.

Cardholder: _____

Signature: _____

Company: _____

Billing Address: _____

City, State, Zip: _____

Telephone: _____ Date: _____

Please fax this completed form to Wendy Ward Roberts & Associates, Inc.
Accounting

Direct Fax: 972.494.2269

We appreciate your business!

Wendy Ward Roberts & Associates, Inc.

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