



Court Reporters & Legal Services, Inc.

CREDIT CARD AUTHORIZATION FORM

**ACCOUNT INFORMATION (As you want it to appear on your statement)**

Firm Name and Address:

Phone Number

Invoice Number / Job Number

**CREDIT CARD BILLING ADDRESS (If different from above)**

I give my permission for the use of the credit card listed below in connection with services provided to me or on my behalf by Kusar Court Reporters & Legal Services, Inc. I authorize a minimum deposit of \$500 be charged to the below listed account to guarantee services when no estimate of charges can be provided. Alternatively, if an estimate of charges is provided, or charges exceed the deposit, I authorize the use of my credit card for the full amount. Any overage will be credited back to the account.

**CREDIT CARD INFORMATION**

Credit Card Type:

American Express (2% fee applies)

MasterCard

Visa

Card No.

Name as it appears on card

Exp. Date

CCV Code (3 digit code on back of card)

Amount to be Charged

Authorized Signature

Print or Type Authorized Name

**RETURN COMPLETED FORM TO KUSAR  
billing@kusar.com**