



CREDIT CARD AUTHORIZATION FORM

Date: _____

I, _____, hereby authorize Elite Process
Serving & Investigations, Inc. to charge my credit card as follows:

Case No.: _____

Description of Service:

\$ _____

TOTAL \$ _____

Card Information:

Circle Card Type: **VISA** **MASTERCARD**

My card number is as follows:

Number: _____ Expiration Date: _____

Signature

Printed Name

Billing Address:

**FAX THIS COMPLETED FORM
TO US AT (630) 299-4601**