



Elite Process Serving, Inc.
16106 Route 59, Suite 200
Plainfield, IL 60586
Phone: (630)299-4600
Fax: (630)299-4601
Email: info@elitepsi.com
IL License # 117-001199

Credit Card Authorization Form

Date: _____

I, _____, hereby authorize

Elite Process Serving, Inc. to charge my credit card as follows:

_____ As services are rendered (to keep card on file to charge for all future services).

_____ Authorized Amount Only: \$_____

Case Number: _____

Description of Services: _____

Card Information:

Select Card Type: Visa MasterCard Discover Amex

Card Number: _____

Expiration Date (mm/yy): _____ / _____ 3 or 4 digit CCV# _____

Billing Address: _____

City: _____ State: _____ Postal Code: _____

Authorized Signature: _____

Name on Card: _____

EMAIL THIS COMPLETED FORM TO
INFO@ELITEPSI.COM
OR
FAX THIS COMPLETED FORM TO
630-299-4601