



Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email: _____

Direct Telephone: (____) _____ - _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Security Code: _____ (on credit card back panel)

Expiration Month: _____ Expiration Year: _____

Amount to be Charged: \$_____.____

By signing, the cardholder agrees that USA Legal Network Inc., DBA Worldwide Legal Group will bill the subscriber's credit card with the amount indicated above.

Furthermore cardholder agrees that if the outstanding balance for the statement is 30 days past due, USA Legal Network Inc., DBA Worldwide Legal Group will charge the balance on the above credit card account with 5 % credit card service fee.

Cardholder Signature X _____ Date __/__/__

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