South Florida Apostille Services

800-208-2128

https://southfloridaapostilleservices.com

Credit Card Authorization Form

Please complete all fields. Please write clearly.
You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX □ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
CVV: _____
Cardholder Billing Address: _____ City, State, Zip: _____ _____ _____ _____

I, _____, authorize South Florida Apostille
Cardholder Printed Name
Services to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____ _____
Cardholder Signature Date