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Credit Card Authorization

Date: _____

Attorney's Name: _____

Client's Name: _____

Credit Card (Circle): Visa Mastercard American Express Discover

Name As It Appears On Card: _____

Relationship To Client: _____

Billing Address Including Zip Code: _____

Phone Number: _____

Credit Card Number: _____

Expiration: _____ / _____

Security Code (Visa 3 digit on back/ Amex four digit on front): _____

Amount To Be Charged: _____

Signature of CARDHOLDER: _____

By submitting this Form to Vito A. Abrusci DUI Consulting you are authorizing the credit card provided to be processed in the amount listed above. You fully understand that there are no refunds. Please be sure to complete each section completely and legibly to avoid any unnecessary delays. The Cardholder MUST sign this form.