



Credit Card Authorization Form

Cardholder Name (As Shown on Card): _____

Credit Card Billing Address: _____

Credit Card Number: _____

Expiration Date (MM/YY): _____ Security Code (CCV): _____

Signature: _____ Date: _____

I, _____, hereby authorize APOSTILLE to charge my credit/debit card in the amount of \$ _____ + 3.8% (Intuit Fee for debit/credit card transactions) = \$ _____. I agree that I will pay for this charge and indemnify and hold APOSTILLE free from any liability pursuant to this authorization. I understand that my signature on this form will serve as my authorized signature on the credit card slip.