



111 W. Ocean Blvd., Suite 1200, Long Beach, CA 90802
Phone: 562.437.8485 | Fax: 562.437.8073

1. Complete form
2. Save it to your desktop
3. Email as an attachment to billing@kusar.com

CREDIT CARD AUTHORIZATION FORM

ACCOUNT INFORMATION (As you want it to appear on your statement)

Firm Name and Address

Phone Number

Invoice Number / Job Number

CREDIT CARD BILLING ADDRESS (If different from above)

I give my permission for the use of the credit card listed below in connection with services provided to me or on my behalf by Kusar Court Reporters & Legal Services, Inc. I authorize a minimum deposit of \$500 be charged to the below listed account to guarantee services when no estimate of charges can be provided. Alternatively, if an estimate of charges is provided, or charges exceed the deposit, I authorize the use of my credit card for the full amount.

CREDIT CARD INFORMATION

Credit Card Type:

- American Express (2% fee applies)
- MasterCard
- Visa
- Discover

Card No.

Name as it appears on card

Exp. Date

CCV Code (3 digit code on back of card)

Amount to be Charged

Authorized Signature

Print or Type Authorized Name

**RETURN COMPLETED FORM TO KUSAR
billing@kusar.com**