

## **CREDIT CARD AUTHORIZATION FORM**

All ProLegal clients must complete and sign this form as a confirmation, agreement and compliance to the terms listed below.

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<b>To:</b> ProLegal		(Company Name) r #:
Case Name:	Date:	File#:
Invoice #:		
American Express: ☐ Master	rCard: □ Visa: □	
Card #:		Exp. Date:
CC Billing Zip Code:		Security Code
Card Information:(Firm/Custo	mor Nama)	
Cardholder Signature:(Please print name)		
I certify that I am the holder of the described credit card, or I have been authorized by the holder to use the above described credit card for services provided by PRO-COURIER, INC. dba ProLegal.  I hereby authorize ProCourier/ProLegal to charge the above referenced credit card as payment for all services provided. I UNDERSTAND THE CHARGE FOR SERVICES PROVIDED IS NON-REFUNDABLE, NON-REVOCABLE, AND NON-CONTESTABLE. I wave my right of refund and/or to dispute the charge.		
Charge credit card for the sum of \$		
Authorized Signature:		_Date:
Account Payable Contact:		Phone Number:

PROLEGAL SHALL NOT BE LIABLE FOR MORE THAN TWO HUNDRED FIFTY DOLLARS (\$250) PER ASSIGNMENT

Please fax the completed form to (866) 767- 4588 or Email to Accounting@ProLegalNetwork.com
We appreciate your business.