

Offices

Santa Barbara Office
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Santa Barbara, CA 93101
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Santa Maria Office
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Today's Date

Firm Name

Cardholder Name

Billing Address

Credit Card Type

Visa



MasterCard



AMEX



Credit Card Number

Expiration Date (Mo/Yr)

Amount Authorized \$

I hereby authorize United Process Servers, Inc. to charge the credit card provided for services as described in my letter of instruction/request form. I also certify that the billing address above is valid and that I am the holder of the above credit card, or have been authorized by the holder, to use it to pay for services provided by United Process Servers, Inc.

Date

Name

Signature _____