

Hollister Process Service

341 Tres Pinos Rd. #201

Hollister, CA 95023

831-634-1479-O 831-637-2320-F

hollisterps@gmail.com

CREDIT CARD AUTHORIZATION FORM

Name on Card: _____

Card Type: _____

Account Number: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

I hereby authorize Hollister Process Service to charge my credit card for services rendered.

Date: _____

Signature: _____

Print Customer Name: _____

Company Name: _____

Company Website: _____

Company Email: _____

Type of business: _____ Attorney or Law Firm _____ Process Service Company

_____ Private Investigator _____ Paralegal _____ Other: Specify: _____

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