

*Hollister Process Service
341 Tres Pinos Road, Suite 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 Name: _____

A 4% processing fee is added to all credit card transactions.