

Napoles Consulting

420 SW 79th Ter Pembroke Pines, FL 33023

Tel. (954) 364-4970

CREDIT CARD AUTHORIZATION

Date: _____

I _____ hereby authorize Napoles Consulting, Inc. to charge my credit card as follows:

Crd Holder Name (as it appears on card): _____

Phone: _____ Fax No.: _____ E-Mail Address: _____

Mailing/Billing Address: _____

Charge Amount \$ _____ (In US Dollars)

Visa ___ Master Crd ___ Discover ___ Cr Crd Number _____

Expiration Date : _____ / _____ Sec No _____ (number on back of card)

SIGNATURE (Required) _____

CLIENT AGREES TO PAY ALL COSTS OF COLLECTION INCLUDING ATTORNEY FEES

