



Credit Card Authorization

Please complete and email to Info@SaylorLegal.com or
Fax to (831) 384-4031

Authorization to Saylor Legal Service, Inc.
455 Reservation Road, Suite E
Marina CA 93933. Telephone: (831) 384-4030

Credit Card Billing Information and Address:

_____	_____
Your Name	Contact Telephone Number
_____	_____
Company Name	Contact Email Address
_____	_____
Credit Card Billing Address	City State Zip Code

--For account guarantee only, do not check either of the two items directly below.

By this document, I authorize Saylor Legal Service, Inc., to be paid for transaction(s) amounting to: \$_____.

No checks will be sent. Please automatically charge my credit card for all transactions.

If any future invoices are not paid by check or direct deposit within 60 days, I authorize these past due invoices to be paid by using the credit card listed below:

MasterCard Visa American Express

_____	_____
Credit Card Number	Exact name as it appears on card

_____	_____
Expiration Date	3 or 4 digit code on back

I understand the charge for the above service is non-refundable, non-revocable, and noncontestable. I waive my right of refund and/or to dispute the charge.

_____	_____
Authorized Signature of Credit Card Holder	Date