

# CREDIT CARD AUTHORIZATION FORM

Order Number / Invoice Number:  Amount: US\$

Name on Credit Card:

Type of card (Please select one):  Visa  MasterCard  American Express

Credit Card Number:  Expiration Date (month/year):  /

Card Verification (CVV) Number / Security Code:  Located on the back of your card

Billing Information as it appears on your credit card statement:

Name:

Billing Address:

E-mail:

Phone Number:

I, \_\_\_\_\_, authorize Kern Legal, Inc. to charge my credit card above and in doing so certify the following;

1. I certify that I am the Authorized Account Holder and Signatory of the credit card referenced above.
2. I recognize and agree to these charges and make full acknowledgement of them in my Bank and or Credit Card Statement.
3. I understand that my information will be saved to file for future transactions on my account.
4. I hereby expressly waive my RIGHTS to request a chargeback, refund or credit to my bank or credit card account under any condition regarding any charge made pursuant to this Credit Card Authorization Agreement.
5. I understand and agree that the amount or amounts being charged to me are services requested by me per the Investment Program with Kern Legal, Inc.
6. I understand that the business name I will see next to the charge or charges on my credit card and or bank statement is. \_\_\_\_\_.

Signature:

Date: