

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT, COMPLETE, AND RETURN THIS FORM FOR AUTHORIZATION OF PAYMENT.

E-MAIL IS NOT SECURE AND SHOULD NEVER BE USED TO SEND CREDIT CARD INFORMATION. EITHER COMPLETE THIS FORM AND SEND IT TO US VIA FAX AT (866) 445-0183 OR CONTACT OUR HOME OFFICE MANAGER, OWEN KINNEY, AT (609) 251-4553 EXT 142 TO RELAY YOUR CREDIT CARD INFORMATION VIA TELEPHONE.

CARDHOLDER NAME: _____

BILLING ADDRESS: _____

CREDIT CARD TYPE: VISA ___ AMEX ___ MASTERCARD ___ DISCOVER ___

CREDIT CARD #: _____

EXPIRES ON: _____ (MONTH) _____ (YEAR)

SECURITY CODE: _____

I authorize Princeton Transcription, Inc. to charge the above credit card in payment for their provided services. I agree that I will pay for any purchase in accordance with the issuing bank cardholder agreement.

Signature: _____ Date: _____

Name: _____

If not returning via fax or phone, please remit to our home office lockbox address as follows:

Princeton Transcription, Inc.
344-5 US Highway 9, #220
Lanoka Harbor, NJ 08734

Thank you for your business!