

PAYMENT AUTHORIZATION

Please print out and complete this authorization. All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa _____ MasterCard _____
AmEx _____ Discover _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____ (Back of card, 3 digits)

Amount to charge: \$_____ (USD)

Invoice Number: _____

I hereby authorize Sullivan & Associates, LLC to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Printed name: _____

Signature: _____ Date _____

Sign, date, and return to: Office@Sullivanreporters.com
or fax to (860) 404-7413