

ASAP EVICTIONS - The Law Office of GUERRA & SEYEDI

235 E. Broadway Ste. #314, Long Beach, CA 90802 * Tel: (562)997-9690 * Fax: (562) 997-9696 * Email: info@asapevictions.com

CREDIT CARD AUTHORIZATION FORM

	Name on Card:					
	Card Type:	Visa	Mastercard			
	Credit Card Num		-			
	Expiration Date (Month/ Year): _		Security Code (CVC):	-	
	Billing Address:				_	
	City, State, Zip Code:Phone Number:					
	Amount to be ch	nount to be charged \$				
	[] Authorize of	ed charges pertaining to this case				
	g below, I authoriz) listed above.	e ASAP Evictic	ons- The Law Office of	Guerra & Seyedi, to charge my cred	dit card the	
	Date		Client Signat	ture		

Please return completed form.