

# INVICTUS LAW GROUP, P.L.

## CREDIT CARD AUTHORIZATION FORM

**Instructions: Complete this form and mail to: 734 W. Colonial Drive, Orlando, FL 32804**

**Attn: Invictus Law Group, P.L., or Fax to 407-478-0064.**

I, \_\_\_\_\_, hereby authorize Invictus Law Group, P.L., to charge my  Visa or  MasterCard (choose one) in the amount of \$\_\_\_\_\_, for payment of \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

VID Code (3 or 4 digit # on back of card): \_\_\_\_\_

Name as it appears on card (Print): \_\_\_\_\_

Cardholder's billing address: \_\_\_\_\_  
\_\_\_\_\_

The undersigned ("cardholder") hereby declares that the credit card information listed above is true, accurate and appears in the name as stated. Further, cardholder authorizes its credit card company to accept this charge and agrees that this transaction is final and no refunds or charge backs will be granted.

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only

Process Date: \_\_\_\_\_ Authorization Code \_\_\_\_\_ Approved By: \_\_\_\_\_