



Certified Court Reporters and Videographers
(215) 985-2400 * (800) 447-8648 * (609) 567-3315
www.summitreporting.com

CREDIT CARD AUTHORIZATION FORM

DATE(S) OF SERVICE: _____

CASE: _____

DEPONENT(S): _____

INVOICE NUMBER(S): _____

(Please note: Summit also reserves the right to request a credit card "hold" and/or as a deposit, or for services rendered, invoiced and/or outstanding beyond our 30-day payment terms.)

NAME OF PERSON COMPLETING THIS FORM: _____

PHONE #: _____ EMAIL: _____

FULL NAME THAT APPEARS ON CREDIT CARD: _____

BILLING ADDRESS FOR THIS CARD: _____
(street)

(city)

(state)

(zip code)

PHONE #: _____

CIRCLE: VISA or MASTERCARD or AMERICAN EXPRESS

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE _____
(3 digit # on back of card/ If AmEx, use 4 digit on front of card)

TODAY'S DATE _____ TOTAL AMT BEING PAID: _____

AUTHORIZED SIGNATURE:

X _____

X= By signing here, you agree to pay full total amount according to card issuer agreement for all services for the above-mentioned case, totals and/or deposit money due Summit Court Reporting, Inc., and you authorize Summit to charge for all balances due and not paid in full within and in accordance with Summit's terms. (Terms: 30 days from receipt of invoice/or upon deposit request.)

PLEASE EMAIL TO ATTN: **BILLING DEPT – billing@summitreporting.com**