

# Credit Card Authorization

## *License Restoration Services Inc.*

*2809 West Chester Pike  
Broomall, PA 19008*

*Use the **cursor keys or Tab key** to move between fields. Do not use the Enter key.*

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

Name as shown on card: \_\_\_\_\_

Mailing address on account: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check one:       MasterCard       Visa       Discover

Card number: \_\_\_\_\_ Exp date: \_\_\_\_\_

Client: \_\_\_\_\_

License #: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature \_\_\_\_\_

\$ Amount \_\_\_\_\_