

CREDIT CARD AUTHORIZATION
License Restoration Services Inc.

200 Lawrence Road, Suite 100

Broomall, PA 19008

(Office) 610-355-9600 (Fax) 610-355-9603

Date: _____

Name as shown on Card: _____

Mailing address on Account: _____

Phone number: _____

Circle One: *Mastercard* *Visa* *Discover*

Card Number: _____

Card Expiration Date: _____

Client Name: _____

License #: _____ *Amount:* _____

Signature: _____

\$ Amount: _____