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Court Reporting & Video Conferencing

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CREDIT CARD PURCHASE AUTHORIZATION

CLIENT: _____ **DATE:** _____

Firm Name: _____

Address: _____

Address: _____

City, State, Zip: _____

FOR : _____

AMOUNT: \$ _____

VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD NO. _____

EXP. DATE _____

Signature (as it appears on your credit card)

Print name (as it appears on your credit card)

Daytime Telephone Number

Address where Credit Card Statement is sent.

City

State

Zip

**PLEASE COMPLETE THE ABOVE AND FAX BACK TO PATRICIA
MURRAY & ASSOCIATES, INC., AT FAX NO. 810-229-5789. THANK
YOU.**