RANCHO ATTORNEY SERVICE OF CALIFORNIA 28465 Old Town Front Street, Suite 318 Temecula, CA 92590 (951) 693-0165 or fax (951) 693-4056

MASTERCARD/VISA/AMERICAN EXPRESS AUTHORIZATION

I wish to authorize the purchase of service(s) from Rancho Attorney Service of California ("RASCAL") and I agree to pay for these services with my Mastercard/Visa/American Express account. I understand that the charges apply to each service and to each address whether served or not once attempts have been made, and that these charges are not reversible or refundable.

I further certify that I am an authorized user of this card. I agree that I personally will be responsible for the full amount of any charges reversed or declined by this credit card company subsequent to the successful processing of this order

Dated	(signed) (pri	nt name)	
[] MasterCard			
Card Number:			Exp. Date
Amount authorized: \$			Card Code
BILLING INFORMATION			
Name as shown on card:			
Company name (if applicable): _			
Address:			
City:	State:		Zip:
Phone: (day) (fax)		(evening) (email)	
records exactly, the card	will be declined.	-	ed matches credit card company's
	For o	ffice use o	only
Client Number	_ Invoice Num	ıber(s)	
Job description/servee:			