

Dedicated Domestics & Dedicated CPR

Credit Card Acceptance Form

If you would like to pay the placement fee with a credit card, please complete the information below, sign, date and fax this form back to us at: 949-612-1998.

For your convenience we accept: Visa and MasterCard

Cardholder Name: _____
(Print exactly as it appears on the Card)

Billing Address: _____

Billing City: _____ State: _____ Zip: _____

Billing Phone #: _____

Type of Card (Please Circle One): Visa MasterCard

Credit Card #: _____

Expiration Date: _____ 3 Digit Code on back of card: _____

I authorize Dedicated Domestics to charge the above credit card account \$_____.

Authorized Signature: _____ Date: _____