A. William Roberts, Jr. & Associates

CREDIT CARD AUTHORIZATION

Until you establish credit with AWR, we require a $150 credit card deposit with the balance to be paid within 30 days of the date of our final invoice. Please fill out the credit card authorization below and return to billing@scheduledepo.com.

CREDIT CARD TYPE: ◉ VISA ○ MASTERCARD ○ AMEX

CREDIT CARD NUMBER: _____ EXP: _____

SECURITY CODE: _____ *Visa/MC: 3-digit code on back | AMEX: 4-digit code on front*

COMPANY NAME: _____

CARD HOLDER NAME: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

FAX: _____

AMOUNT CHARGED: **$**150.00

E-MAIL (REMIT RECEIPT): _____

CASE: _____

☑ I authorize $150.00 to be charged to my credit card. I am aware that I will receive a copy of the charge slip and that this slip will act as my record of this transaction.

☑ I agree that if I have not paid A. William Roberts, Jr., & Associates' final invoice in full within 30 days of the final Invoice Date, I hereby authorize my credit card to be charged in full.

Please PRINT this form, sign and email to billing@scheduledepo.com.
or fax to (843) 216-9918.

Sign: _____ Date: _____